Medical Economics

FEBRUARY
1945

PHYSICIANS' EXPENSES • SAVINGS & LOAN ASS'NS

(PAGE 45) (PAGE 42)

Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

FEBRUARY 1945

Cover photograph by Ewing Krainin

CIRCULATION 106,000

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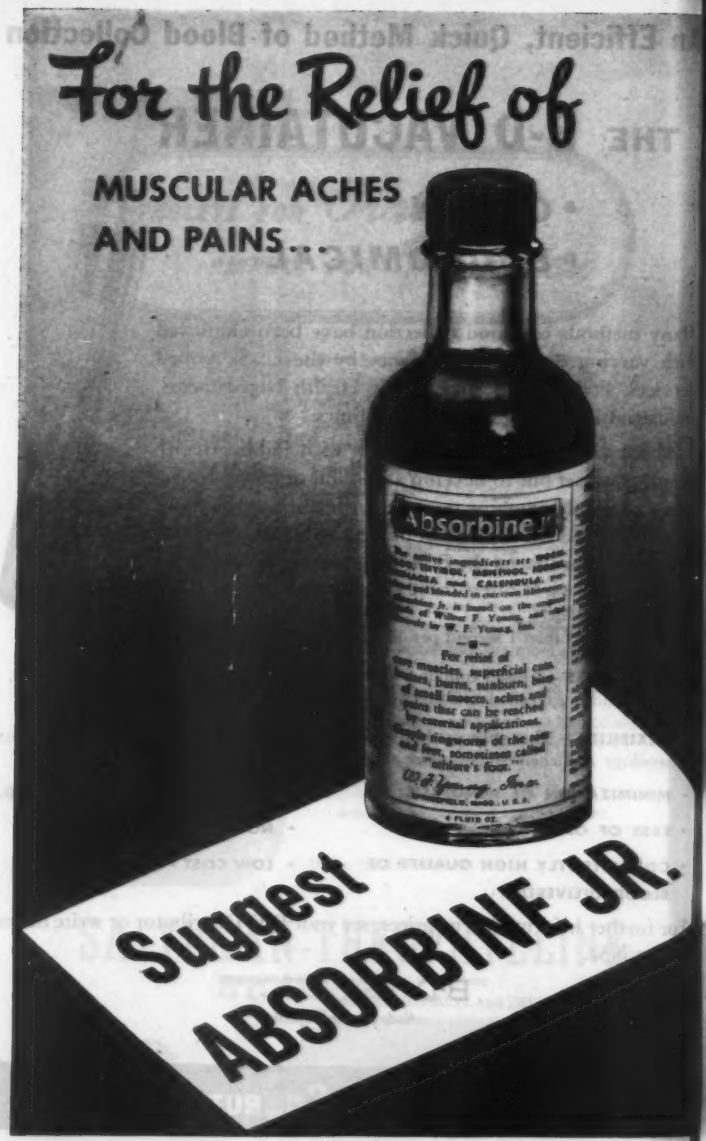
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Speaking Frankly

Insurance Alliance

Having read your article, "Health-Accident Men Open Fight on Federal Insurance Plan," it is my opinion that the profession could do more to retain control of medicine by backing the insurance men than it has been able to accomplish with its own organization up to now.

We have seen in recent experience with the Emergency Maternity and Infant Care program that control by Government agencies is very unsatisfactory, primarily because the physician is dictated to concerning his policies and treatments. I think that the insurance men are more qualified to handle the problem than any group of politicians.

Jack L. Rowls, M.D.
Bastrop, La.

National Licenses

There is one simple way—not mentioned in your recent editorial—to speed the relocation of demobilized doctors: Make the medical license issued by any state valid in any other state.

H. J. Lowenstein, M.D.
Warrensburg, N.Y.

Group Security

I am an independent practitioner, but your article, "Successful Patterns for Group Organization," underscores my opinion that group practice means not only better service to the patient but economic independence for the physician, in that his income is relatively secure except, of course, in times of marked depression.

The constant availability of consultants means mental comfort as well as prompt attention, yet group practice, based upon professional balance, still permits progressive individual activity. My own feeling is that such practice will eventually be widespread and will help alleviate part of the economic difficulty that is producing such a hue and cry among the profession and population.

Norman Van Wezel, M.D.
Montgomery, Ala.

Brass Hat

A copy of your Service Edition has just reached me in the Southwest Pacific. It contains quite a few sour opinions by and about service doctors. For instance, Capt. Joseph Grosso, M.C., Rochester, Minn., says that only two classes of medical officers are worrying about their postwar civilian status: "the young men who have never been in private practice, and are afraid to meet the public, and the older officers—the brass hats of the Medical Corps—who dread the thought that their vacations will be over when the war ends and that they'll have to go to work again for a living."

Well, I'm one of the brass hats, and if Captain Grosso thinks this is a vacation out here I'd be only too

[*Continued on page* 10]

Gushing water is bound to get coverage—bound to get absorption.

Patients with pernicious anemia are bound to receive effective treatment with Purified Solution of Liver-Breon; when the solution is injected, material derived from but 1/30 as much liver need be given as when administered by mouth. The injection brings about rapid remission of the symptoms; absorption is certain; massive doses are possible more economically; and further, there is a storage effect permitting infrequent injections. Purified Solution of Liver-Breon is available in two strengths, both meeting the standards of the Anti-Anemia Preparations Advisory Board.

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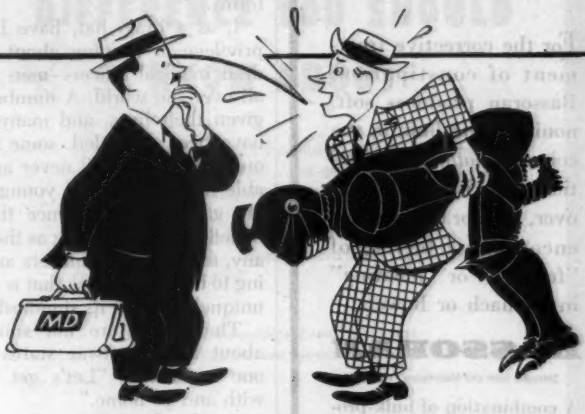

Quick Facts about "Enriched 5 Minute" Cream of Wheat

1. Provides 12 mg. of available Iron per ounce—at least the full daily minimum requirement for infants, children and adults. Also supplies extra Calcium, Phosphorus, Thiamine and Niacin.

2. Exclusive patented process guarantees no raw starch remaining in cereal after five minutes cooking. Longer cooking to assure complete digestibility is absolutely unnecessary.

3. It provides same granulation, same digestibility, same rich, satin-smooth flavor, same freedom from irritating bran particles that you get in "Regular" Cream of Wheat, 49 years a favorite.

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glad to exchange the jungles of New Guinea, New Britain, Morotai, etc., for Rochester, Minn. And while some of the younger medical officers, who are doing such a grand job of saving the lives of fighting men, may be somewhat apprehensive about facing the civilian public, they are not afraid to face death daily—and in its most inhuman forms.

I, as a brass hat, have had the privilege of training about a hundred medical officers—men serving all over the world. A number have given their lives, and many others have been wounded, some so seriously that they will never again be able to practice. The younger men are gathering experience that will benefit patients as long as they have any, and the older officers are helping to better a service that is already uniquely high in its standards.

These men are not squawking about their postwar status. Their one request is, "Let's get it over with and go home."

Just let them alone, play no politics, and give them a chance—and then let the diehards look to their laurels.

Medical Officer

Rule by Lawyers

The authors of the Wagner-Murray-Dingell bill do not seem to realize that if it were passed at this time the shortage of physicians would be aggravated, because many would retire rather than work under such a scheme. Those who practiced under the bill's provisions would be in conflict with those practicing independently, and there would be group against group. If that occurs, it will be another feather in the cap

[*Continued on page* 14]


During the Season of Widespread Colds and Throat Irritations . . .
As colds and sore throats continue to run rampant, Glyco-Thymoline finds wide employment for relieving discomfort.
Used for mouth, nose and throat, Glyco-Thymoline helps to loosen and dissolve sticky mucous secretions, soothe the irritated membranes and promote a rapid return to normal conditions.
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of the New Deal, because one of its objectives—successfully achieved—is the promotion of class, color, and group hatred.

Can the Surgeon General of the Public Health Service decide who is to be a specialist better than it is done in the present system? Look at the advances made in the training of physicians since 1900, and figure out just how much politically-controlled physicians could improve the system in the next forty-four years.

Sixty per cent of our legislators, including those in Congress, are lawyers. Hamlet, in his soliloquy, speaks of "the law's delay." If medicine had been as unprogressive as law, we would still have the law's delay and would still be dying of the black death. Isn't it incongruous that political lawyers, static as they are, should want to say how, when, and where we shall practice medicine?

W. T. Briggs, M.D.
Lexington, Ky.

Specialty Boards

I agree that we have enough specialty boards—unless, as has been suggested, a board for general practitioners be created.

While many argue that too many diplomates will lead to overspecialization, others contend that the standards required for a diploma do much to stimulate post-graduate work.

Lee W. Hughes, M.D.
Newark, N.J.

4-F's as Replacements

Civilian colleagues, in their letters to me, have been lamenting the fact that they have not had an opportunity to serve with our coun-

[*Continued on page 18*]

Completely Efficient in Spermicidal Activity

• Five accredited vaginal jellies were tested recently under strict laboratory control . . . In 3 sets of "mixing" tests, using 1 part jelly with 2 or 3 parts saline and 50% semen, *Lygel Vaginal Jelly* was found to be completely efficient in spermicidal activity. In "contact" tests, spermatozoa were immobilized *on contact* . . . even when diluted with an equal volume of saline.

The detailed reports of the tests mentioned are available to you on request.

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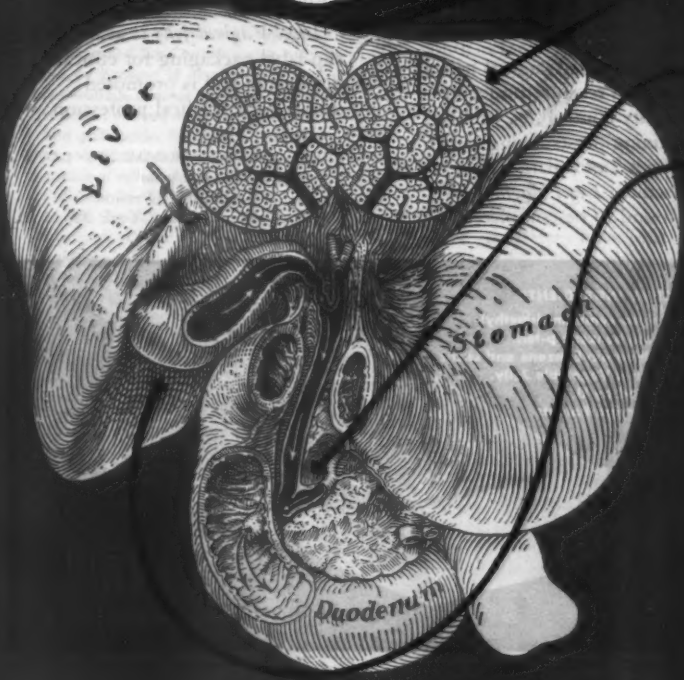

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RESEARCH IN THE SERVICE OF MEDICINE

try's forces during this crisis. Through a misfortune not of their own making, they were classified as 4-F; indispensable; or above the age limit.

Now, I'd like to suggest that these unfortunate men be given their opportunity. Let the Government release medical officers who have had two years' overseas duty, and replace them with the 4-F's, the overaged, and the indispensables. Their service could be limited to veterans' hospitals or Army training stations in the U.S.

Medical Officer

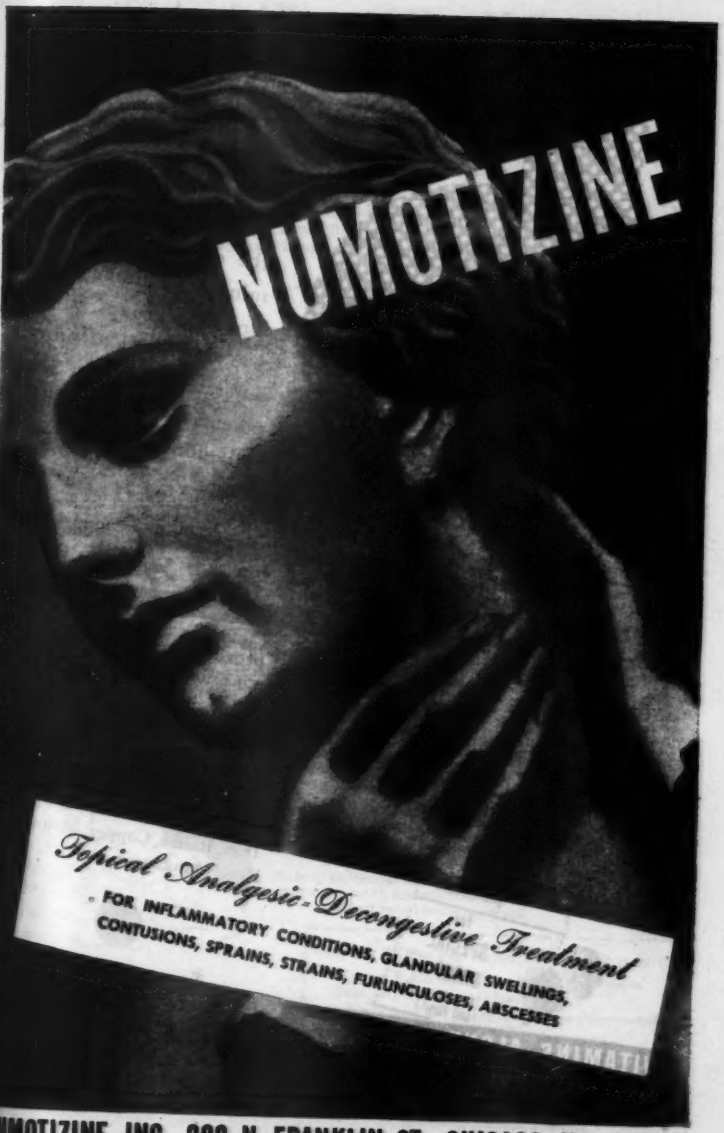
Cast-offs

In the last copy of your Service Edition which I received, an item stated that the discharge of service doctors would do little to relieve the civilian shortage because, for one thing, they "represent either the gravely wounded or the misfits and cast-offs (alcoholics, neuropsychiatrics, etc.)."

It is inexcusable that you should stigmatize discharged medical officers as alcoholics, misfits, and cast-offs. The majority were either battalion surgeons or combat-zone officers who were subjected to prolonged and unusual combat stress and deprivation. Some have been wounded and are crippled for life. Others now in hospitals are broken in health, sick in body and spirit, or nervously affected. Many have been decorated or cited.

Medical Officer

MEDICAL ECONOMICS *did not classify* all *medical dischargees as misfits and cast-offs. Let this correspondent reread the passage he quotes.*



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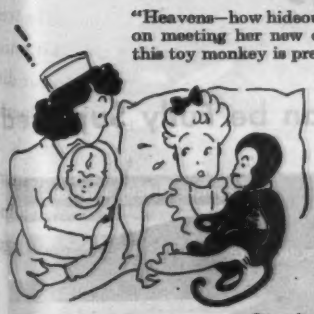

"Heavens—how hideous!" she remarks, on meeting her new offspring. "Why, this toy monkey is prettier!"

On closer inspection, she demands: "Send me my doctor—the one with the ears! Maybe *he* can explain why a day-old child has *wrinkles!*"

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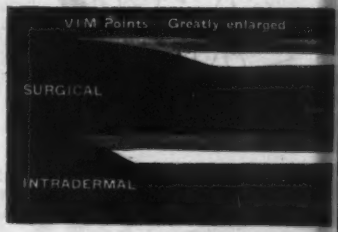

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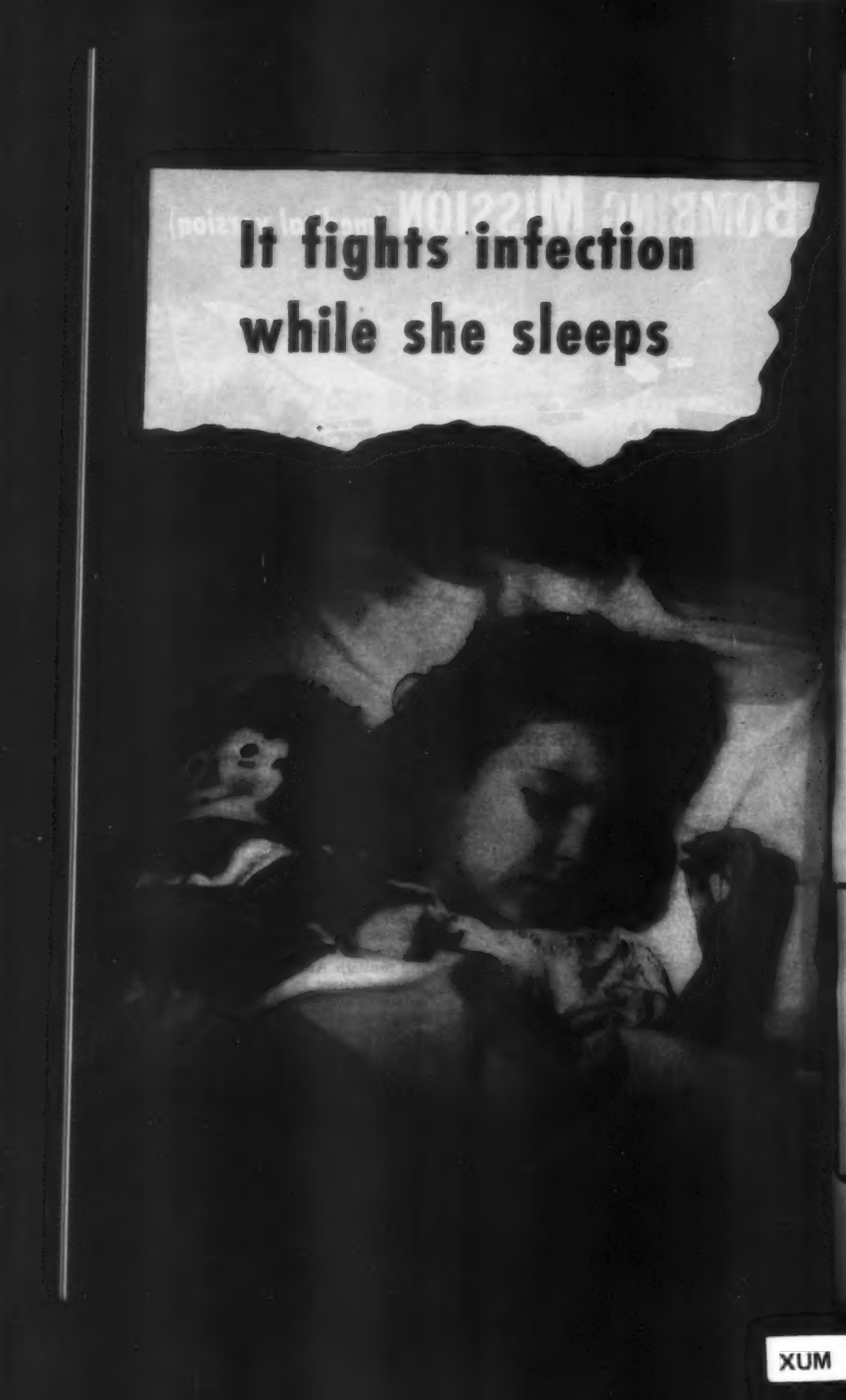
For this is a *bombing mission in white!* The "bombs" are loaded not with T.N.T., but more likely with D.D.T. which kills the adult mosquito and fly.

Yes, with D.D.T., with the aerosol bomb and other developments, the soldiers of medical science are proving themselves fighting men through and through. And they too find pleasure and cheer in a cigarette. Probably a Camel for, according to actual sales records, Camels are the favorite with smokers in *all* the services.

Camels *Costlier Tobaccos*

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

It fights infection while she sleeps



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The fundamental reason for this prolonged bacteriostatic action is the fact that Paredrine-Sulfathiazole Suspension—not a solution, but *a suspension* of free sulfathiazole—covers the nasal mucosa with a fine, even frosting of sulfathiazole, which does not quickly wash away. Yet the Suspension does not cake or clump, and does not interfere with normal ciliary action.

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2. The Suspension does not produce such central nervous side effects as insomnia, restlessness and nervousness.

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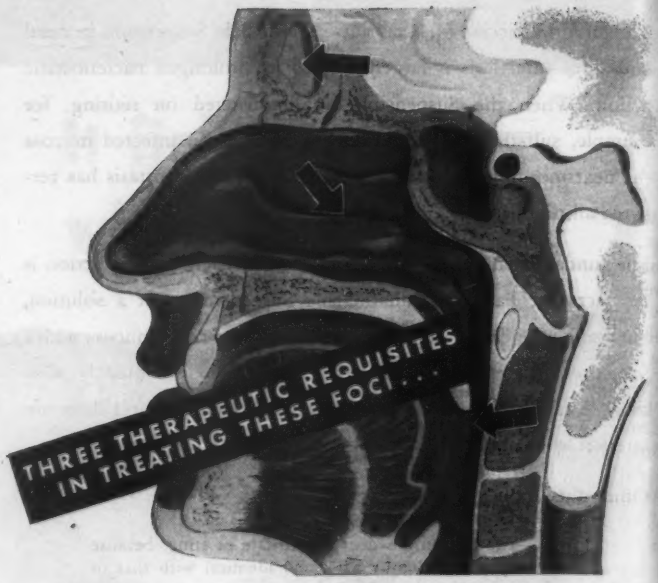

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Marked relief generally follows because ARGYROL offers more than effective antisepsis, decongestion without vasoconstriction, and cleansing of the membrane. It provides also for stimulation of the membrane's inherent, natural defense mechanism.

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Sidelights

America has produced many a mean racketeer, but some of the most despicable we've ever heard of have been victimizing neighbors of service men. Their "gimmick" is the confidential news (untrue, of course) that a boy has been blinded in service, and that a local social agency is raising funds to buy him a Seeing Eye dog.

Since there have been a number of complaints to the police, it is evident that many persons still do not realize that it is the Government which trains blinded veterans, if necessary, buys them Seeing Eye dogs.

Tommy Manville, the perennial bridegroom, has let it be known that much of his inherited wealth will be left for the education of deserving medical students. There are those who hope that one of his beneficiaries will discover a rationale for the treatment of gonadal precociousness among the aged.

Many a young medical officer with no civilian experience must be dreading the thought of entering private practice. And not from mere stage fright. The mental hazard results in many cases from the man's realization that he hasn't been trained in two important matters: dealing with the public and running the business side of a practice.

It begs the point to say that such men *should* have been given some sort of training during their last years in medical school; the fact remains that many have not.

Dr. C. Raymond Wells, president of the American Dental Association, had something to say recently about a similar situation in his profession: "Many young dentists make serious mistakes without realizing it, resort to commercial practices which antagonize patients and colleagues, and unwittingly become entangled in legal difficulties. Their opinions on the social and economic phases of dentistry are too frequently based on prejudice rather than on knowledge."

That, of course, applies equally well to the young doctor. With all the zeal in the world, he may soon bog down simply because he doesn't know how to manage efficiently.

Whether he will be able to get such knowledge in a hurry is up to the medical schools and medical societies. Even a ten-hour course in fundamentals would do a lot to guide him.

The AMA Council on Medical Service and Public Relations is attempting to bring about the establishment of more medical economics courses in medical schools. We hope it succeeds. Unless something is done to arrange for brief post-graduate training in medical economics and public relations—and done soon—demobilization is going to mean

many a frightening moment for the novitiate in civilian practice.

Senator Claude Pepper, in 1943: "I am opposed to socialized medicine. I have never believed in it and I will vote against this legislation."

It doesn't mean anything, of course. But it's interesting to note that Brig. Gen. Frank T. Hines, head of the Veterans Administration, which works so often at cross purposes with the private medical profession, is a Christian Scientist.

Organized medicine faces a serious poser in the rising demand for more adequate psychiatric facilities. As growing thousands of service men are released for mental and nervous disorders, the lack of specialists to care for them is becoming a matter of grave concern.

The Army reveals that 40 to 45 per cent of its first 1,500,000 discharges were for neuropsychiatric reasons. In addition, many sent home for physical disabilities often have emotional conditions aggravating their ailments. On top of all this are vast numbers of neurotics rejected by Selective Service.

A sample study, undertaken in New York City by the mental hygiene committee of the State Charities Aid Association, illuminates sharply the lack of specialists. Of 623 men rejected by or discharged from the Army for neuropsychiatric reasons (excluding mental deficiency), 80 per cent needed psychiatric help. But only one out of every twenty was getting it.

"In New York City," says Dr.

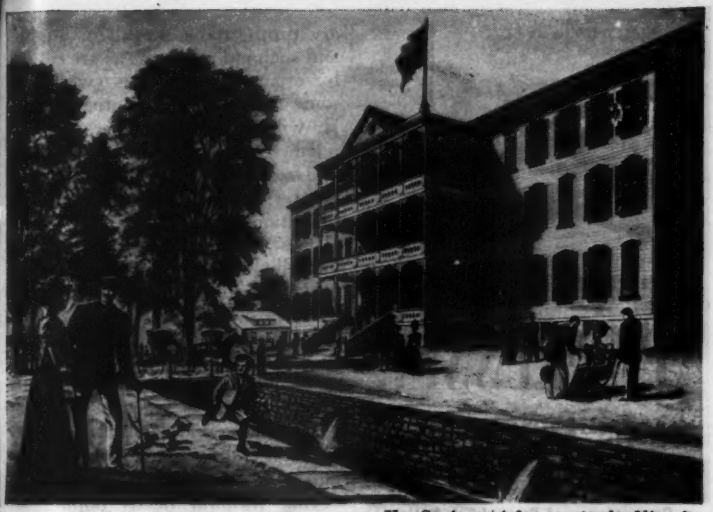
Thomas A. C. Rennie, associate professor of psychiatry at Cornell University Medical School, "where we are more fortunate than most places in having five specific rehabilitation centers established, the provisions are only adequate to take care of about 5 per cent of the men needing help. Outside of a few large cities no such clinics exist; and there are vast areas where no psychiatric help whatever is available. The tragedy is that we have shown that many of these men can be restored with surprising speed to functional efficiency."

According to Dr. Rennie, only 131 institutions in the country have informed the National Committee for Mental Hygiene that they are prepared to handle psychiatric care of veterans.

Dr. Lawrence S. Kubie of Columbia University's College of Physicians and Surgeons has pointed out that the country's practicing psychiatrists number less than 4,000—including those in the armed forces; and that the medical schools are turning out only about 200 well-trained psychiatrists a year. Meanwhile, Dr. George S. Stevenson, medical director of the national committee, estimates that the number of specialists needed in this field is at least 18,785.

It all adds up to a knotty problem for those guiding the destinies of medicine. If the challenge is not met, the bureaucrats will have one more argument—and a potent one—for Federal intervention.

After the last war, the medical veteran had to rely almost wholly on his own resources and initiative. This time, he will have, as second-



Hot Springs, Arkansas, in the Nineties

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For a gentle, more efficient laxative or thorough cathartic—direct your patients to dissolve SAL HEPATICA *in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tsps. Cathartic Dose: 4 level tsps.*

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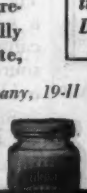
Sal Hepatica Liquid Bulk!



ary props, the G.I. Bill of Rights and such aid programs as are set up by organized medicine (which in some cases may prove a great boon). He will still need considerable self-reliance, though—for there is little real assistance in sight from other sources; at least not for the private practitioner.

The Veterans Administration—by liberally interpreting some of the provisions in the G.I. bill—may extend certain benefits, particularly those covering post-graduate study. But its main interest in discharged medical officers is likely to be an attempt to lure as many as possible into V.A. service. Currently, the V.A., in conjunction with the Public Health Service and others, is surveying hospital needs—hoping to turn up a large number of postwar openings for salaried men.

The War Manpower Commission, as long as it lasts, will probably go on trying to persuade discharged doctors to locate in areas where there is a dearth of physicians. Selective Service will do what it can to help a salaried doctor get back his prewar job if he has been ousted while in service. The Surplus Property Board may make some medical equipment available to veterans who wish to set up offices. (Loans are provided for in the G.I. bill.) The Red Cross has recently set up a veterans' service—but if doctors can expect anything more from this source than information, it is not yet evident.

Such, briefly, is the situation. "Assistance" is a word that is bandied about freely; but the assistance that many medical veterans may need is—as one man recently put it—"protection from the hooks of everyone who is waiting to get hold of them."

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Editorial

Not *If*—but *When? How Much?*

It appeared last month that legislation to put medicine on a tax-supported basis would await consideration for a while longer—perhaps until late in the present session of Congress. Main reason was the pressure of war measures.

Demands for early committee hearings on the Wagner-Murray-Dingell bill had appeared often in the Congressional Record. But the fact that they would probably consume several months' time had led to their postponement.

Meanwhile, many an analyst had come to this conclusion: Federal medicine is inevitable; the unanswered questions are When? How much? For whom?

One analyst, Leo M. Cherne, head of the Research Institute of America, Inc., which interprets Government regulations and trends for 80 per cent of the country's leading business concerns, told MEDICAL ECONOMICS this: "Socialized medicine is coming. Within ten years compulsory health insurance is likely to be added to the social security pattern, although medical insurance in any form comparable to the Wagner bill will probably meet with majority resistance in the 1945-46 Congress."

Previously President Roosevelt had remarked, when he "reluctantly" signed the 1 per cent social security tax freeze for another year, that he would submit at an early date, a plan "for broadening and improving the social security system." Representative John Dingell (D., Mich.) said he was confident the President's recommendations would incorporate many features of the Wagner-Murray-Dingell bill.

Representative Robert L. Doughton (D., N.C.) announced that the House Ways and Means Committee, of which he is chairman, would undertake a study of the social security system from top to bottom. Senator Walter F. George (D., Ga.), chairman, said the Senate Finance Committee would "actively and wholeheartedly cooperate with the President" in a similar review. (These are the two committees by which the Wagner-Murray-Dingell bill must be reported on favorably, and which have held it in abeyance for so long.) Still a third investigation of the social security system was sought by Senator Arthur Vandenberg (R., Mich.), who had introduced a bill authorizing a comprehensive study by the Joint Committee on Internal Revenue, ation of the social security system mittee on Internal Revenue.

Meanwhile, health insurance bills were being readied in several states, the promise being that California and Michigan would serve as the bellwethers.

—H. SHERIDAN BAKETEL, M.D.

Will the CMSPR Save Medicine From the Federal Yoke?

Here are facts from which you can draw your own conclusions

In June 1943, to crack a tough nut, the AMA established a Council on Medical Service and Public Relations. The nutcrackers' job was to find ways of improving the distribution of medical care.

During the council's first six months' existence it made scarcely a fissure in the problem before it. After that it began to hammer harder; but its blows were—and still are—delivered with an arm tied behind its back. Reason: lack of adequate personnel.

At the end of its first half year the council had, for example, no permanent secretary. At the end of a year and a half it still had no permanent secretary. Nor did it have a sufficient office and field staff.

This lack, more than anything else, explains the council's one-armed efforts so far. Mr. J. W. Holloway, acting secretary of the group, did his best to fill the breach; but he also had to discharge his regular duties as director of the AMA Bureau of Legal Medicine and Legislation and serve as acting director of the AMA Bureau of Medical Economics, following the resignation of Dr. R. C. Leland.

Asked why, in the course of a year and a half, it was not possible to obtain the necessary personnel, several council members simply shrugged their shoulders. One, in private, likened the organization to a chicken running 'round with its head cut off—active, but ineffective.

It looked last month as though the personnel problem might be alleviated to a degree by the appointment of a secretary in the person of Mr. T. A. Hendricks, on loan from the Indiana State Medical Association. It also looked as though additional help might soon be obtained for the council's Washington office, under Dr. Joseph Lawrence. But it was clear that all concerned would have to swing into their new jobs in high if they were to make up for lost time.

The council was authorized some time ago to appoint a director of insurance to "correlate and coordinate existing [medical prepayment] plans and to assist in developing new ones so that the whole country might be covered." To fill the job, the council was seeking an actuary with medical background. But at last reports the man needed had not been found.

A unique characteristic of this council is that every member was elected individually by the AMA House of Delegates. Partly because of this, each man on the council seems to feel a strong sense of responsibility toward his job. Mem-

bers give liberally of their time. But they still have private practices to maintain. So they cannot be expected to function effectively without the aid of enough capable, full-time executives to carry out their policies. They are also restricted somewhat by the fact that their chairman, Dr. John H. Fitzgibbon, lives in Portland, Ore., and is not as accessible for frequent meetings in various parts of the country as a man located more centrally would be.

Be that as it may, Dr. Fitzgibbon pulls his own weight. One of the most salutary things he is doing is to help present American medicine to the public as a positive force for progress rather than as a negative element committed to preserving the *status quo*. "We want no appeasement plan," he says. "We don't want to dig in and simply hold ground. We are no longer on the defensive. We are campaigning for the things we favor—not merely against the things we oppose."

A member of the council, at one of its recent meetings attended by about forty men, spoke of the state medical societies' grave need for help and leadership in furthering their voluntary prepayment plans. "These plans are our only answer to state medicine," he asserted. "We need help with them—quick. But it doesn't look as though we're going to get it in time. Already we can feel Wagner's breath growing hot on our necks."

Whether the council will succeed in its task is beyond prediction. Both points of view are heard. For example: The Bulletin of the Hennepin County (Minneapolis) Medical Society says, "There seems to be no reason to hope that the Council on Medical Service and Public Relations will come forward with a definitely constructive program, if, indeed, any program at all. No one suggests any lack of ability or earnestness on the part of its individual members. No one charges the Board of Trustees with failure to support the council, financially or otherwise. But when it is recalled [how long] the council has been seeking a secretary, one may be pardoned for suspecting that there are factors in this situation which do not appear on the surface. And it is a reasonable question whether certain individuals wish that the council do *anything*. After all, wasn't it forced upon them?"

Some spokesmen for the council counter with the statement that "It takes time for such a program to get under way." Others say, "Wait until we have held more regional conferences with local medical associations and have built up our staff. Then you'll begin to see results."

Among the most promising activities the council has undertaken has been the sponsorship of the regional conferences this man mentioned. These conferences permit a wholesome exchange of ideas. They generate enthusiasm as nothing else could. And they may be the vehicle for bringing in a solution to the problem of the council if anything does.

Besides conferences with leaders in state and local medical associations, the council has also been holding meetings with representatives of government, hospitals, management, labor, etc. (It may be noted in passing that conversations with the CIO have not been productive but that those with the AFL have given some promise. The AFL, says

the council, is more tractable than formerly and wishes to continue its discussions with organized medicine. The CIO, on the other hand, told the council flatly some time ago that medicine was going to have to accept the CIO program whether it liked it or not and that since this program was contrary to the one proposed by the AMA, there was no point in discussing it.)

Another council effort has been to urge a Federal department of health. According to Chairman Fitzgibbon, "The medical profession has advocated for nearly seventy years the establishment of a Federal department of health under which all medical and health functions of the National Government, exclusive of these of the Army and Navy, might be coordinated and administered. Surely it is time to do this. The medical profession seeks and will welcome an opportunity to cooperate with such an agency, so that the present chaos may be abolished."

Perhaps the most active unit of the council has been its Washington office. This renders a three-way service: It tells government what medicine is doing. It tells medicine what government is doing. And it answers inquiries from both.

All but two state medical societies have been organized to facilitate full cooperation with the council's Washington office. This relationship will be strengthened as the field staff operating from Washington grows.

Some 2,000 physicians and others in key positions are now on the mailing list of the office to receive its periodic bulletins. Special reports are issued, in addition, to a restricted list of 100.

Some feeling exists that the council, if not yet ready to announce a program for U.S. medicine, should at least avert charges of do-nothingness by more vigorously promoting the prepayment plans of state and county medical societies, by offering them guidance, and by certifying those which meet certain minimum standards.

Others are of the opinion that the AMA has, in effect, already evolved a program for medicine, but that it has done so in piecemeal fashion, never putting all the pieces together in one package, then labeling it and selling it to the public. Those who subscribe to this point of view say it would be a relatively simple matter to produce the kind of package described, getting the substance for it from the various sets of principles which the AMA has enumerated and from the assorted releases and statements that have come from the Council on Medical Service and Public Relations.

The Medical Annals of the District of Columbia reflects this attitude to a degree in the following words: "The American Medical Association should come forward immediately with its conception of a national health program. This program should include voluntary sickness insurance and diagnostic centers. It isn't enough to talk about the desirability of experimentation, to adopt platforms and principles. Our national organization must offer something tangible."

Dr. Louis H. Bauer of the council (formerly its chairman) comments thus on the job to be done:

"Economically, there are four groups of people in the United States:

"1. Those who are financially well enough off to meet any situa-

tions which they may face;

"2. Those who can meet the ordinary costs of living and the ordinary medical expenses, but who find it difficult to meet the costs of long and expensive illnesses;

"3. Those who can meet the costs of the bare necessities of life but who cannot meet the costs of any sickness; and

"4. The class which is dependent upon public aid for housing, clothing, and nutrition, as well as for medical care.

"The first group is now satisfactorily cared for and no change in the distribution of their medical service is needed. The fourth group is also well-cared for in most areas. Those areas not providing such care should do so as outlined later. Groups two and three need help, and means for meeting that need are herein outlined.

"Remembering that the platform of the American Medical Association is 'availability of medical care of a high quality to every person in the United States,' how best can this platform be made a reality and the shortcomings of medical care remedied?

"The medical profession has accepted the principle of insurance as one which will be of great assistance, but it continues to feel that this insurance must be on a voluntary basis in order to avoid political interference and to prevent the rendering of a mere quantity of medical care rather than quantity with high quality.

"It takes time to make any new type of insurance successful and acceptable. Various voluntary medical indemnity and service plans have been developed and modified and are being increasingly well distributed over the country. Growth has been slow; but during the past year growth has been more rapid; and ideas as to the best type of plan are gradually crystallizing.

"The Council on Medical Service and Public Relations has been authorized to appoint a director of insurance to correlate and coordinate existing plans and to assist in developing new ones so that the whole country may be covered. The American Medical Association has urged that states, counties, and towns consider the purchase of these voluntary insurance policies for the indigent and near-indigent. Federal funds may be used for extending medical care of the indigent if the local community is unable to do so, but the administration of the problem should be local rather than Federal."

Chairman Fitzgibbon envisages the problem as having three phases:

"1. Adequate personnel and facilities for providing preventive, diagnostic, and treatment services must be made available to all areas;

"2. Sound economic arrangements for financing these services and facilities must be set up; and

"3. Educational efforts will be required to inform the people of the value of good medical care in order to induce them to make intelligent use of the services and facilities made available.

"Solution of this problem does not require compulsion. The medical profession is now and has been agreed for years upon definite principles of a constructive nature, which if accepted by others concerned in this matter, will lead to a satisfactory solution of the problem on a voluntary basis. Unfortunately, these principles embodied in the

platform of the American Medical Association are not known to a great many people outside the medical profession. It is a function of the council to make them known."

Dr. Bauer summarizes the council's aims as follows:

¶ Continued expansion of the practice of medicine with full development of approved voluntary hospital, medical indemnity, industrial, and commercial insurance against the costs of medical care.

¶ Development of public health facilities for preventive medicine all over the country.

¶ Development of adequate diagnostic facilities everywhere.

¶ The use of the voluntary insurance principle in caring for the indigent and medically indigent.

¶ Development of hospital facilities where present facilities, used to the utmost, are still inadequate.

¶ The use of Federal funds to aid communities in public health measures, in care of the indigent, and in construction of necessary hospitals, when local communities are unable to finance the projects, but with retention of local administration.

¶ The creation of a unified Federal department of health.

Dr. Bauer concludes:

"The council is familiar with the various surveys which have been made and it also realizes that other surveys will shortly be coming out, some of them made purely to blind the eyes of the public and to be used as propaganda for government controlled medicine.

"The council believes that the facts are that the public is demanding a method of prepaying its medical bills, particularly in the case of so-called catastrophic illness, and that it wants that method on a voluntary basis. It further desires that medical care to be of a high quality and readily available.

"The American Medical Association, which represents the *practicing* physicians of the United States, will do its best to see that the public gets it." —ALTON L. CAM

Carbon-Copy Bills Save Work And Spur Collections

Particularly useful if you must conserve secretarial time

A number of business concerns now use a collection device that combines simplicity of operation with a high percentage of returns—namely, carbon-copy bills. Physicians who have adopted the idea report gratifying results with a minimum of clerical effort.

The first statement that goes out is the usual innocuous one. If nothing is done about it by the next billing date, the patient gets a carbon copy—not a retype—of the original bill. On the bottom of this copy is typed: "Duplicate of statement rendered Feb. 1, 1945."

If there is no response to the first two bills, a third is sent bearing the message: "*Second* duplicate of statement rendered Feb. 1, 1945." A fourth bill, if sent, says, similarly: "*Third* duplicate of statement rendered Feb. 1, 1945."

In the event that the bill is settled in full on receipt of the first statement, the patient receives the first carbon copy stamped "Paid" and with a "Thank you!" handwritten across the bottom. When part payments are made, they are noted on the carbon copy, which is then mailed out as usual the following month. It should be emphasized that as long as payments of some kind are being made, no additional message is typed on the copies.

The mechanics of the system are simple and time-saving:

First, a special supply of billheads is printed on tissue sheets. Four carbon copies of each original statement are made routinely and filed under the patient's name. When each subsequent billing becomes necessary, one of these carbons is removed from the files, the appropriate notation is added, and it is mailed to the patient.

Since the original billing date remains on each statement, it acts as an immediate reminder that the account is overdue. At the same time, the duplicate bills, made up on tissue sheets, stand out by virtue of their difference from the expected stationery.

The typewritten notation on the carbon copy informs the debtor that you are aware of the length of time he has let his account lapse. Yet it is obviously just part of a routine billing system, implying no personal pressure on the patient by the physician.

One commercial house that has been using the system reports that the first carbon brings in almost twice as many payments as an ordinary second-month statement, and that some response has been obtained in *every case* after mailing the fourth carbon.—FRANCES ALLEN

A Federal Savings and Loan Ass'n Is No Place for Savings

FSLA accounts are not necessarily 100 per cent liquid, as many assume

Physician-investors face so many war and postwar uncertainties that their primary concern must be the safety and liquidity of their capital. An additional one or two per cent return from an investment medium will not justify a constipation of capital, for only the individual with liquid funds available is in a position to take advantage of any broad market advance.

A good rule of thumb in many cases is to keep about 50 per cent of capital in cash and war bonds. This assures a reliable margin of safety if it becomes necessary to meet an emergency—personal or investment. The 50 per cent figure is, of course, not a rigid one. What constitutes an adequate liquid reserve will vary somewhat with the individual.

An ideal depository for such a safety fund is one in which the assets are practically riskless and from which the investor can get his money on demand at any time. A good example is the U.S. Postal Savings System. Mutual savings and commercial banks whose accounts have been insured up to $5,000 by the Federal Deposit Insurance Corporation also serve the purpose. (By depositing his money in more than one insured bank, the investor can secure FDIC protection for all his savings.)

Investment in war bonds likewise dovetails with this program. No risks are taken with the principal and the bonds can be redeemed whenever the investor finds it necessary.

There are, however, other mediums which do no serve as true depositories for savings but which are used by many investors because of the mistaken notion that they are "just the same as a savings bank." Among these are Federal savings and loan associations. Instead of being proper depositories for savings, they are a medium for long-term investment based on mortgages and real estate.

The only difference between a Federal savings and loan association and a mutual savings bank, many people think, is that the former pays a higher rate of return. This misconception is widespread. Even a well-known financial commentator said recently that both mutual and savings banks and sa

▶ Bernard J. Reis, the author of this article, is an investment counsel, registered with the Securities and Exchange Commission.

ings loan associations "accept savings accounts, extend services, and pay interest to depositors." He was wrong. The Federal system of savings and loan associations was set up by Congress to provide home mortgage lending facilities. Congress specifically wrote into the law that the Federals were not to function as banks. The regulations governing Federals state clearly that "Profits to holders of share accounts shall be termed dividends . . . and shall not be referred to as interest. The association shall not accept deposits from the public . . . it shall not represent itself as a deposit institution."

Unfortunately, though, some Federals through misleading advertising give the impression that in opening an account with them, the saver is merely using a different kind of savings bank. Many people are led to believe that their money can be withdrawn from a Federal on demand at any time.

The facts prove otherwise. The investor in a Federal puts his money in an institution the bulk of whose assets are mortgages and real estate. But no medium for long-range (or even short-range) mortgage and real estate investment can qualify as a proper depository for savings, since it cannot meet the requirement of maximum liquidity. In purchasing the shares of a Federal, the individual makes an investment that is dependent primarily upon the trend of the real estate market. Moreover, the withdrawal of his money is conditioned by the repurchase agreement which all Federals have in their charter.

The present ability of the Federals to pay on demand is dependent on the flow of new money into share accounts, as well as on their war-improved liquid position and reserves. So long as more money is coming in than is being paid out, they can repurchase accounts upon demand. But if and when the flow of new money is reversed, they may have to fall back on the conditions set for repurchase in their charter.

According to these rules, the Federal need not pay upon the shareholder's demand. The shareholder has to file an application for repurchase. Let us suppose that he is the 309th applicant in his association. Before he receives a dollar of his money, the association can pay the 308 people who are ahead of him, up to $1,000 each. Only then can *he* receive up to $1,000 (he may have considerable more in his account).

These repurchases are paid for by the Federal out of one-third of its cash receipts. If the investor's application is filed during a period when receipts are falling, he may have to wait for a long time until his turn is reached. Even then, as just mentioned, he may receive only $1,000 and be told that he will have to wait for the remainder of his money.

If this happens, he has to file still another application. Meanwhile, hundreds of other people may have applied for repurchase and his new application is then put at the bottom of the list. Only after all the individuals who are ahead of him have received up to $1,000 apiece, does he get his second $1,000 when it is available. Under depression conditions this process might drag on interminably; meanwhile, the investor might be in desperate need of his money.

Under the rules of the FSLA

charter, the investor can not, as a creditor, sue the Federal while it is in such a state of liquidity. Furthermore, his dividends stop accruing the moment he demands the repurchase of his shares.

During the months or years he is waiting to get his money back, the insurance protection afforded his funds by the Federal Savings and Loan Insurance Corporation does not go into effect, so long as the association is not technically in default. A Federal can avoid going into default almost indefinitely since the definition of default involves an adjudication which, in the real estate field, might be difficult to secure.

Failure of the Federal to repay the investor all his money upon demand does not constitute default. The Federal is not in default so long as it uses one-third of its cash receipts for the repurchase of share accounts. Consequently, the insurance provisions of the Federal Savings and Loan Insurance Corporation do not guarantee the liquidity of a share account but only its ultimate safety*.

In the event of insolvency, the account may be transferred to another Federal or, if liquidation takes place, the investor will receive the following from the Federal Savings and Loan Insurance Corporation: (1) No more than 10 per cent in cash, (2) 45 per cent of his claim in non-interest-bearing debentures payable within one year after default, (3) the rest of his claim in non-interest-bearing debentures payable within three years after default.

These facts show conclusively that Federal savings and loan associations are not proper depositories for savings. As a matter of fact, the best associations declare this openly in their literature. Says one in California: "We are not a bank. This isn't the place to put money you're going to need overnight. If you want safety and liquidity, go to an insured bank; that's their business."

—BERNARD J. REIS

*The Federal Savings and Loan Insurance Corporation insures almost 4,000 savings and loan associations serving almost 4 million investors.

Sweet Charity

She lived in a squalid tenement with her four children. Her husband had recently deserted her. To make matters worse, she was suffering from a bad case of grippe. After completing my examination, I gave her some medicine and a few dollars cash which I figured she could use for food. Returning to see her next day, I met one of the sons at the foot of the stairs. I asked him how his mother was.

"Oh, she's okay now," he replied nonchalantly.

"And did you buy something to eat with the money?" I inquired.

"Hell, no," was the answer. "We took it and hired a *good* doctor!"

—R. E. STIVISON, M.D.

AVERAGE GROSS INCOME AND EXPENSES OF NON-SALARIED U.S. PHYSICIANS, 1943

Gross income	$14,341
Professional expenses	5,155
Net income	9,186
Expenses as % of gross	35.9%

Note: Income and expenses are those resulting from practice only. Average gross income of all physicians in 1943, both salaried and non-salaried, was $13,606; net, $8,688.

FIG. 1

Physicians' Expenses

Fifth Medical Economics Survey analyzes professional overhead in 1943

The professional expenses of active, non-salaried physicians in 1943 averaged $5,155, or about 36 per cent of gross income from practice.* This fact emerges from a study of returns made in the Fifth MEDICAL ECONOMICS Survey. Other findings are shown on this and the following pages.

Two previous articles (November and December 1944) presented highlights of the survey generally and reports on income specifically.

Later articles will deal with investment in equipment, time devoted to practice, study habits, automobile expense, etc.

Each of the 109,000 copies of March 1944 MEDICAL ECONOMICS contained a reply postcard inviting information on thirty-five questions relating to the business side of practice in 1943. More than 5,000 cards, filled in and returned, have been machine sorted and tabulated.

Returns were received from the forty-eight states. All specialties and all major age classifications and community sizes are represented. Previous studies covered the years 1939, 1935, 1930, and 1928.

*For obvious reasons, the returns of salaried men (i.e., physicians who received more than 50 per cent of income in the form of salary) have been excluded from this particular survey report.

AVERAGE PROFESSIONAL EXPENSES OF NON-SALARIED U.S. PHYSICIANS AT FIVE GROSS-INCOME LEVELS, 1943

Income Level	Average Expenses	Percentages
All incomes	$5,155	35.9%
Under $1,000	$ 429	63.3%
$10,000	4,038	40.4
15,000	5,066	33.7
20,000	6,568	32.9
30,000	8,993	29.9

FIG. 2

AVERAGE GROSS INCOME AND EXPENSES OF NON-SALARIED U.S. PHYSICIANS BY NUMBER OF PATIENTS SEEN DAILY, 1943

Number of Patients	Gross Income	Professional Expenses	Percentage	Net Income
All numbers	$14,341	$5,155	35.9%	$ 9,186
Under 6	$ 4,070	$1,661	40.8%	$ 2,409
6-10	7,191	2,755	38.3	4,436
11-15	10,509	3,961	37.7	6,548
16-20	12,813	4,584	35.8	8,229
21-25	15,415	5,272	34.2	10,143
26-30	16,811	5,802	34.5	11,009
31-35	20,505	6,961	33.9	13,544
36-40	20,309	7,039	34.7	13,270
41-50	24,313	8,735	35.9	15,578
Over 50	31,405	11,410	36.3	19,995

FIG. 3

AVERAGE GROSS INCOME AND EXPENSES OF NON-SALARIED U.S. PHYSICIANS BY OCCUPATION OF PATIENTS, 1943

Occupation	Gross Income	Professional Expenses	Percentage	Net Income
All Occupations	$14,341	$5,155	35.9%	$ 9,186
Predominantly agricultural	$12,586	$4,616	36.7%	$ 7,970
Predominantly industrial	14,952	5,426	36.3	9,526
Predominantly white collar	15,038	5,101	33.9	9,937

FIG. 4

AVERAGE GROSS INCOME AND EXPENSES OF NON-SALARIED U.S. PHYSICIANS BY YEARS IN PRACTICE, 1943

Years in Practice	Gross Income	Professional Expenses	Percentage	Net Income
All years	$14,341	$5,155	35.9%	$ 9,186
Under 3	$11,269	$4,842	43.0%	$ 6,427
3-7	13,986	4,872	34.8	9,114
8-12	16,400	5,545	33.8	10,855
13-17	17,266	5,997	34.7	11,269
18-22	16,961	5,881	34.7	11,080
23-32	14,979	5,386	36.0	9,593
33-42	10,385	4,003	38.5	6,382
43 and over	8,332	3,782	45.4	4,550

FIG. 5

Government Subsidy of Medical Research Held Essential

But witnesses at Senate hearings warn against Federal control

Arguments for Federal support of medical research, coupled with cautions against Federal domination of such research, marked a series of recent hearings in Washington by the Senate Subcommittee on Wartime Health and Education, of which Senator Claude Pepper (D., Fla.) is chairman. The substance of the testimony was as follows:

1. Large-scale medical research must be continued after the war, possibly expanded.

2. Federal financial aid will be needed to offset dwindling endowments from private sources—but such assistance must be free of Government control. (Grants-in-aid to universities and private research groups were the device most favored.)

3. Research talent must be found and developed among America's youth to assure the future progress of science.

Dr. Morris Fishbein warned that "if the public gets the impression that private initiative is unnecessary to research, we will have an end to philanthropy and an end to competitive research in industry and universities." Senator Pepper, as though to allay such fears, said he did not envisage the Government's doing all the work it financed; that, he said, would be impossible as well as undesirable. "The real question," he declared, "is how universities, industry, and Government can best cooperate. Grants-in-aid to universities, and fellowships for promising young scientists, may be part of the answer."

Development of penicillin with Government collaboration was held up as an example of why research should be continued on the present accelerated scale. Dr. Chester S. Keefer of the National Research Council said this development would undoubtedly have taken considerably longer without the aid of the Office of Scientific Research and Development. He urged continued efforts by some such agency.

Convinced that a certain measure of private assistance will continue to be received, Dr. Keefer said he believes nevertheless that Government aid should be available in case private help proves inadequate. He made it clear, however, that his support of this principle depended upon the manner in which a Federal program was administered and its personnel selected.

Dr. A. N. Richards, chairman of the Committee on Medical Research, OSRD, cited blood plasma and DDT, as well as penicillin, saying that he knew of no private source that could have financed

their development. "None of the universities which were called upon for OSRD work could have afforded to undertake it on the scale which the emergency demanded. Hence, if peacetime efforts of medical investigators are to be on a comparable scale, they must be supported by the Government."

Peacetime problems, he opined, will be far broader and more perplexing than those experienced during the war. He then asked: "Can Government control be so understanding and so flexible that the imaginations and scientific passions of investigators will not be inhibited?"

Brigadier Generals James S. Simmons and Stanhope Bayne-Jones (Army Surgeon General's office) dwelt on the Army's great debt to civilian research. General Simmons said the Army wanted such efforts "utilized to the greatest possible extent." He suggested that the future military research program be vested in two groups: (1) an Army medical research board, to be responsible for developments within the military establishment; and (2) a counterpart of the present Committee on Medical Research, to carry on, in civilian institutions, studies of military importance.

Admiral Harold W. Smith (Navy Surgeon General's Office) recommended "a governing body under the President, wholly independent of other agencies and independently financed, to concern itself exclusively with medicine and its contributory sciences." Membership would be predominately civilian, but there would be adequate service representation and "reciprocal utilization of civilian and military resources in furtherance of common aims."

Dr. Lewis H. Weed, chairman of the division of medical sciences, National Research Council, suggested a board—set up either by the President or by Congress and "broadly representing medicine and the lay public"—to deal with medical research "in relation to the total problems of health services."

Dr. E. V. Cowdry, Washington University, testified to a great need for financial aid in cancer research, then outlined a plan calling for an initial appropriation by Congress of $2,000,000 to be disbursed by the National Cancer Institute to medical schools and hospitals.

Dr. Cowdry presented statistics showing (1) that in privately supported universities and colleges income from invested endowment funds has fallen from more than 5 per cent to about 3 per cent; (2) that additional endowments have become increasingly difficult to obtain because of business uncertainty; and (3) that competition of tax-supported institutions is overpowering the private ones.

Urging remedial legislation—free of Federal control—Dr. Cowdry suggested the issuance of special Government bonds, bearing 5 per cent interest, purchasable only by privately run nonprofit colleges and universities, to maintain income. He also suggested the sale of war-surplus material and equipment to such institutions at reduced prices.

David Heyman, president of the board of New York City's Public Health Research Institute, spoke of the wide recognition it has won in its three years as an independent agency financed by the city and by private donors. Then, calling attention to progress in industrial research, which has been established

DEATHS VS. GRANTS-IN-AID BY FOUNDATIONS, 1940

Disease	Deaths	Spent on Research	
		Total	Per Death
Of heart, arteries	536,745	$93,835	$0.17
Of kidneys	106,679	40,203	0.38
Cancer	164,906	359,777	2.18
Infectious diseases (except infantile paralysis)	246,887	976,772	4.00
Infantile paralysis	1,026	538,553	525.00

Source: Henry S. Simms, M.D., College of Physicians and Surgeons, Columbia.

on a plane "yet unknown in the medical sciences," Mr. Heyman said he believed medicine could achieve the same results with adequate grants-in-aid by the Government.

Terming psychiatry the "most important area of neglect in medicine today," Dr. Lawrence S. Kubie, of Columbia University's College of Physicians and Surgeons, called for a Federal center of research and teaching. He said that every mental incurable costs the state $40,000 for care and treatment; hence, an expenditure of $25,000 per patient, directed toward prevention or early diagnosis and cure, would mean a huge saving.

Dr. Henry S. Simms, also of Columbia, said he thought any new financial support of research should be "distributed equitably according to the importance of the medical problem," and presented figures indicating wide disparity in that respect (see table). Regarding Federal aid, Dr. Simms recommended (1) that the distributing agency, as far as possible, apportion funds according to the number of yearly deaths and disabilities from the various diseases; (2) that long-term projects be planned, inasmuch as chronic diseases cannot be adequately studied on short-term grants; (3) that particular attention be given to organized projects at medical schools, where several cooperating individuals study a given field; (4) that provision be made for full-time studies, with security of income and suitable academic standing for the investigators; and (5) that the distributing agency's committee and consultants properly represent the fields of greatest importance.

Dr. Harry Grundfest of the American Association of Scientific Workers, suggested the establishment of a "Federal Authority for Medical Research and Education," vested with far-reaching powers. It would allot aid "only to institutions

which maintained standards set up by the authority." Students receiving grants would be expected to accept employment for two years in specified Government schools, hospitals, or research institutions, or in the United States Public Health Service.

Dr. Grundfest called for an initial allocation of $25,000,000 for research and $50,000,000 for medical and biological education—the former to rise eventually to $100,000,000, the latter to $150,000,000.

Dr. Walter B. Cannon, Harvard University, spoke of the need for "curiosity research" as against narrowly practical study. "Means for training promising young investigators may, in the long run, be more important than immediate fund-granting," he said.

Col. Cornelius P. Rhoads, medical division, Chemical Warfare Service, said no one should fear that money spent in research is wasted. He pointed out that offensive and defensive measures developed by chemical warfare research have proved so excellent that the enemy has not dared to use gas.

Colonel Rhoads could see no suitable source of future financial aid except the Government ("the people themselves"). The only real opposition, he said, seems to be against dictatorship. But, he commented, "we cannot afford not to do a thing simply because it might be done badly." —E. V. BJORKMAN

"I'm sorry, Mrs. Pickett, but I've discontinued my private practice."

Cabinet Laboratory Provides Wide Range of Service

Optional equipment makes it adaptable to private office or hospital

Here is an excellent laboratory unit that concentrates all the scattered equipment and chemicals of the traditional room within arm's reach of the physician or technician. Occupying but eight square feet of space, the assembly pictured on the opposite page is capable of servicing a 500-bed hospital. Sold as a "package," it contains 107 pieces of apparatus and more than ninety chemicals.

But this elaborate assembly is not the only one available. The cabinet may be purchased separately or in combination with whatever equipment the buyer selects. For instance, the assembly shown includes a built-in centrifuge, but the space it occupies may be utilized for any standard-size machine.

Here are some of the cabinet's basic features:

Construction: light birch, walnut, or mahogany.

Plumbing fittings: chrome steel.

Plumbing connections: couplings to receive piping in permanent installations; or tapered fittings for use with rubber tubing in portable set-ups.

Sink: standard chemical type, resistant to acids and alkalis.

Working surface: laminated bakelite, resistant to acids and alkalis; stainproof.

Cabinet base: bakelite, rece... for foot clearance.

Wiring: Underwriter-approv...

Lighting: fluorescent or lum...

Size: 4 feet long, 2 feet dee... feet 2 inches high.

Standard equipment include... a duplex electrical outlet and... timer, both visible just above t... working surface at the left of t... photograph. Behind them may ... seen pressure-suction outlets (... nected to apparatus in the bas... the cabinet) and a gas outlet.

In addition to the built-in ce... fuge, the assembly illustrated ... cludes a microscope and subs... lamp, pressure-suction appara... full-size incubator, colorimeter, ... It provides facilities for sixty-se... tests: urine, stool, stains, sput... gastric analysis, hematology, bl... chemistry, kidney function, and s... ology. Up to fifty urinalyses or blo... chemistries may be run simulta... ously.

Just below the timer, a trapdoor ... the working surface gives acces... the centrifuge. This door locks op... so that the technician has free use ... both hands; it also shields the s... off switch, preventing accide... starting of the centrifuge.

The microscope and the subst... lamp are held securely in place ... their shelf by adjustable clam...

Photos courtesy La Mar Laboratories, Inc., New York

which will fit any standard instrument.

The shelf itself is reinforced so that it will withstand unusual weight, and may be locked in position—obviating any danger to the microscope in careless handling. Since the latter is completely covered when the drawer is closed, it need not be covered with a bell jar or placed in a case for protection.

Next to the microscope in the illustration is a specially printed chart for differential and Schilling tests, as well as a chart of blood cells which may easily be referred to. The shelf is 23 inches above the floor and within comfortable reach of a person seated on an ordinary chair. [*Turn the page*]

The cabinet has plenty of drawer space for smaller instruments and ment. Opposite page, top: A siphon-and-tap arrangement makes water and Benedict's solution instantly available in the exact desired. The modern electric water bath in the foreground has a c of fifteen tubes. Opposite page, bottom: The left compartment hous tion-pressure apparatus and a colorimeter; the right, a full-size inc

TABLE 1

NUMBER OF U.S. COUNTIES WITH VARIOUS RATIOS OF POPULATION TO ACTIVE PHYSICIANS, 1940 AND 1944

	Number of Counties	
	1944	1940
Number of persons per active physician:		
Under 1,000	139	478
1,000 to 1,999	1,456	1,642
2,000 to 2,999	844	606
3,000 to 4,999	411	234
5,000 to 10,000	122	69
Over 10,000	20	6
Total	2,992	3,035
No active physician in county	81	37
Population of county over 3,000	30	8
Population of county under 3,000	51	29

Data supplied by Procurement and Assignment Service.

Counties Without Doctors

PAS shows distribution of active, U.S. physicians in 1940 and 1944

Would you like to know what U.S. counties in 1944 had no active physicians? What counties had 5,000-10,000 population per active physician? Which had over 10,000 population per active physician?

Then glance at the tables on pages 56-59, based on data supplied by the Procurement and Assignment Service.

The data were obtained from PAS state chairmen via questionnaires and field surveys. They were assembled under the direction of U.S. Public Health Service personnel. A report describing them has been issued by the Senate Subcommittee on Wartime Health and Education.

Only active physicians are enumerated since the study is meant to assess the number of doctors actually engaged in giving medical care. The formula for measuring the number of active physicians takes into account such factors as retirement, total and partial disability, and age.

Table 1 shows the number of counties having various physician-population ratios. These ratios, the subcommittee warns, must be inter-

preted with care since "the mere presence of a relatively large number of physicians does not automatically guarantee good medical care to the people in an area; nor is the converse necessarily true." The standard of adequacy most widely used in planning on a national scale is 1,500 people per physician; anything beyond 3,000 per physician is generally considered "critical."

Account must naturally be taken of the degree of the peoples' health consciousness in a given community, the efficiency with which the physicians are able to practice there, and the availability of nurses and such facilities as hospitals. Nevertheless, the subcommittee concludes, "when these allowances are made, the ratio of physicians to population has some validity as a gauge of the relative adequacy of medical care."

Tables 2, 3, and 4 give tabulations of certain types of counties which, almost without exception, are rural in character. Table 5 indicates the percentage of counties having more than 3,000 people per active physician. Judged by this standard, it appears that the Southern, the Rocky Mountain, and the North Central states have the poorest physician supply, while New England and the Eastern Seaboard states are relatively better served.

The table does not, of course, show county and community differences within a state—which are often appreciable.

In 1944, more than eighty counties had no active physicians (thirty of them had more than 3,000 population). Twenty counties had more than 10,000 people per active physician, and 122 had from 5,000 to 10,000 per active physician. In all, 583 counties had more than 3,000 people per active physician.

TABLE 2

COUNTIES WITH OVER 3,000 POPULATION AND NO ACTIVE PHYSICIANS, 1944

State	County	Population	State	County	Population
Colorado	Elbert	4,105	South Dakota (Cont.)	Dewey	4,901
Florida	Gilchrist	3,271		Lyman	4,062
Georgia	Crawford	5,853		Sanborn	4,449
	Dawson	3,969		Shannon	3,059
	Webster	3,734		Todd	4,008
Kentucky	Gallatin	3,652	Texas	Cochran	5,303
Michigan	Lake	4,028		Stonewall	3,823
Missouri	Osage	10,589	Virginia	Cumberland	6,339
Nebraska	Sioux	3,017		King George	5,749
New Mexico	Mora	7,913		King William	7,940
North Carolina	Hyde	6,346		Mathews	6,481
	Pamlico	8,620		Middlesex	6,026
North Dakota	Oliver	3,201		Powhatan	5,465
South Dakota	Campbell	4,311	Wisconsin	Florence	3,154
	Carson	5,500	Wyoming	Crook	4,356

Data supplied by Procurement and Assignment Service.

TABLE 3

COUNTIES WITH 5,000-10,000 POPULATION PER ACTIVE PHYSICIAN, 1944

State	County	Population Per Active Physician
Alabama	Cherokee	5 297
	Washington	6,674
Arizona	Navajo	7,130
	Yuma	5,831
Florida	Baker	5.746
	Holmes	6 652
	Lake	8.265
	Madison	6,949
	Okaloosa	5.827
	Pasco	6.522
	Union	6.932
	Wakulla	5.299
Georgia	Baker	6,125
	Brantley	6,181
	Houston	7,848
	Jones	6,943
	Lanier	5,129
	Lumpkin	5,455
	McDuffie	5.039
	Oconee	6,377
	Paulding	5,499
	Pierce	5.139
	Putnam	7,364
	Talbot	7.034
	Twiggs	8,269
	White	5,465
Idaho	Benewah	6,093
	Jerome	6,371
	Owyhee	5,111
Illinois	Pope	5,668
	Scott	6,507
Indiana	Brown	5,146
Iowa	Delaware	7,792
	Wapello	6,091
Kentucky	Breathitt	5,973
	Butler	5,437
	Casey	5,122
	Elliott	6.746
	Hancock	5,648
	Knott	8,196
	Lee	8.044
	Leslie	9,386
	Martin	8,602
	Meade	8,043
Louisiana	Jefferson	6,273
	Pointe Coupee	5.056
	St. Bernard	7,384
Michigan	Alger	8,403
	Arenac	7,684
	Gladwin	7,831
	Iosco	7,456
Minnesota	Stevens	5,017
Mississippi	Caroll	5.206
	Issaquena	5,210
	Itawamba	5,267
	Walthall	5.031
Missouri	Daviess	5,075
	Maries	5,950
	Miller	6,177
	Ralls	8,066
	Washington	6,185
Nebraska	Cumming	5,799
New Mexico	Sandoval	5 953
North Carolina	Brunswick	8.493
	Caswell	9 048
	Yancy	6,491
North Dakota	Burke	6,442
	Dunn	6,675
	Kidder	5,599
	Logan	6,302
	McHenry	6.040
	McKenzie	6,456
	Sheridan	5,111
	Stutsman	9,712
Pennsylvania	Juniata	6,746
South Carolina	Allendale	5.553
	Calhoun	6,726
	Chesterfield	5,099
	Clarendon	5,237
	Darlington	5,232
	Hampton	7,838
	Horry	8,033
	Kershaw	6,962
South Dakota	Charles Mix	5.286
	Douglas	5.251
Tennessee	Coffee	5,118
	McNairy	5,385
	Union	7,923
Texas	Bailey	7,214
	Carson	5,555
	Colorado	5,187
	Dawson	5 430
	Hockley	5.428
	Hood	5 366
	Karnes	5,171
	Lynn	5,184
	Marion	5,105
	Maverick	5.270
	Medina	8 290
	San Jacinto	6 206
	Starr	5,713
Utah	Emery	5,206
	Iron	7,764
	Millard	5.265
Virginia	Bland	6.047
	Brunswick	6,159
	Fairfax	5,897
	Floyd	5,313
	Halifax	5,207
	King and Queen	5 939
	Mecklenburg	5,736
	Princess Anne	6,473
	Stafford	8,739
	York	5 284
Washington	Asotin	6,553
West Virginia	Hampshire	5,643
	Lincoln	6,162
	Putnam	8.170
	Wayne	6,010
	Webster	7,570
Wisconsin	Bayfield	6,140

Data supplied by Procurement and Assignment Service.

TABLE 4
COUNTIES WITH OVER 10,000 POPULATION PER ACTIVE PHYSICIAN, 1944

State	County	Population Per Active Physician	State	County	Population Per Active Physician
Alabama	Coosa	11,149	North Carolina	Graham	11,675
	Greene	15,812		Polk	10,077
Florida	Bradford	12,338	South Carolina	Dillon	13,205
	Jefferson	10,041	Tennessee	Claiborne	11,474
Georgia	Catoosa	11,065		Hancock	10,004
	Clayton	11,229	Texas	Comanche	14,552
	Irwin	11,332		Crosby	11,606
Kentucky	Crittenden	10,175	Virginia	Carroll	21,552
Missouri	St. Clair	10,175		Franklin	21,624
New Mexico	Roosevelt	13,667	West Virginia	Clay	13,071

Data supplied by Procurement and Assignment Service.

TABLE 5
PERCENTAGE OF COUNTIES HAVING OVER 3,000 PEOPLE PER ACTIVE PHYSICIAN, 1940 AND 1944*

State	1940	1944	State	1940	1944
Alabama	20.9%	38.8%	Nebraska	16.1%	5.4%
Arkansas	9.3	8.0	Nevada	0.0	11.8
Arizona	0.0	42.8	New Hampshire	0.0	0.0
California	1.7	8.6	New Jersey	0.0	0.0
Colorado	12.7	9.5	New Mexico	22.6	22.6
Connecticut	0.0	0.0	New York	0.0	0.0
Delaware	0.0	0.0	North Carolina	14.0	35.0
Florida	17.9	41.8	North Dakota	26.4	24.5
Georgia	26.4	37.8	Ohio	0.0	2.4
Idaho	9.1	25.0	Oklahoma	15.6	9.1
Illinois	1.0	4.9	Oregon	5.6	8.6
Indiana	1.1	5.4	Pennsylvania	0.0	7.5
Iowa	0.0	8.1	Rhode Island	0.0	0.0
Kansas	3.8	4.8	South Carolina	10.9	63.4
Kentucky	18.3	34.2	South Dakota	25.0	30.0
Louisiana	21.9	26.6	Tennessee	18.9	29.5
Maine	0.0	0.0	Texas	12.2	18.5
Michigan	4.8	15.7	Utah	3.4	17.4
Maryland	0.0	8.3	Vermont	7.1	0.0
Minnesota	4.6	21.8	Virginia	15.0	40.0
Massachusetts	0.0	0.0	Washington	12.8	12.8
Mississippi	18.3	20.7	West Virginia	12.7	16.3
Missouri	17.5	28.7	Wisconsin	2.8	4.2
Montana	12.3	0.0	Wyoming	4.2	8.3

Data supplied by Procurement and Assignment Service.

*Derived by dividing number of counties in state having over 3,000 people per active physician by total number of counties in state.

NPC Urges Industry to Help Defeat Federal Medicine

Believes more company health plans would promote free enterprise concept

That industry and medicine, working with commercial insurance carriers, can do much to end the threat of Federal medicine is being emphasized to business executives by the National Physicians' Committee at regional meetings and through the medium of a new booklet, entitled "Opportunity for Free Enterprise."

Pointing out that consumer surveys conducted for it by the Opinion Research Corporation have demonstrated that most people want a better method of financing the costs of extraordinary medical care, the NPC has assembled data to show that industrial health plans can help fill the gap.

NPC chairman, Dr. Edward H. Cary, at a recent meeting reminded business and insurance executives that "organized labor is supporting Federal health insurance plans. But if industrialists can satisfy the workers with their own plans, they would be helping to preserve free enterprise."

Dr. Claude Robinson, president of the Opinion Research Corporation, has prepared a number of charts (see pages following) based on ORC polls. Conceding that other opinion surveys have showed a higher sentiment for Government medical insurance, Dr. Robinson explains that "public opinion on this issue has not yet crystallized to a point where people can be classified definitely as pro or con in the same manner as they are classified Republican or Democrat.

"In fact, we know that the public's vote for a doctor-sponsored plan, for an insurance program, or for Government medicine is to some extent not a selective vote, but represents simply an expression of favor toward the broad idea of *some* sort of plan."

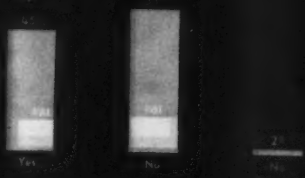
The NPC booklet contains details of the ORC polls, as well as results of a mail survey its own staff made among group health insurance plans in 1,327 industrial concerns. Analysis of the data, says the committee, indicates that

¶ Twenty-two per cent of all industrial workers in the country in 1943 were employed by companies sponsoring health insurance programs, and that 16 per cent were actually enrolled.

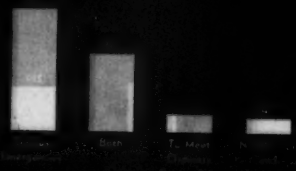
¶ Ninety-one per cent of the employes of 1,327 concerns surveyed (all of which have health plans) were enrolled in the programs provided for them.

¶ Coverage included life insurance, disability benefits, hospitalization, surgery, and to a lesser extent medical care.

Have you or your family ever had an experience where paying doctor or hospital bills was a hardship?

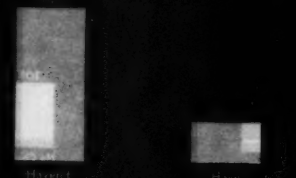


Do you think that an easier method of payment is needed to meet ordinary doctor bills, or just to take care of serious emergency illnesses?



Have you ever put off going to a doctor because of cost? Do you know of anyone who has gone without a doctor's care because he couldn't afford it?

Have you ever heard of a plan to increase social security taxes and have the federal government use the money for a medical and hospital insurance program?

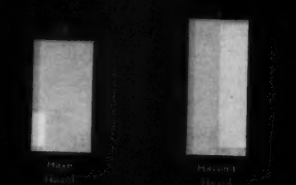


Do you think anything might be done to make it easier for people to pay doctor or hospital bills?

Would you approve or disapprove of such a plan?

What especially do you think might be done to make it easier for people to pay doctor or hospital bills?

Have you ever heard of a plan that doctors in some communities have sponsored, where people pay a certain sum each month and this takes care of all future hospital and doctor bills?



(Turn the page)

Would you approve or disapprove of such a plan?

Do you think that under a government medical plan you would be able to call any doctor you want, or do you think it likely that your choice would be limited?

Well, if you had to choose between these two kinds of medical and hospital insurance, which would you prefer: (1) a federal government plan, or (2) a plan sponsored by a group of doctors?

Would this be satisfactory to you, or not?

Would you vote for or against the government's setting the fees doctors can charge for each type of service?

Does the firm you work for (your husband works for) provide any plan for paying the cost of surgical services? Are you (he) included in this plan?

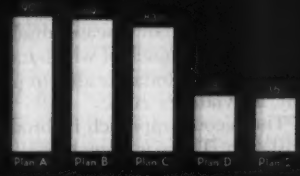
Would you be for or against the government's paying the expenses of medical students and the cost of running all medical schools in the country?

Would you be interested in having such a plan?

Do you have any kind of hospital or other sickness insurance at the present time?

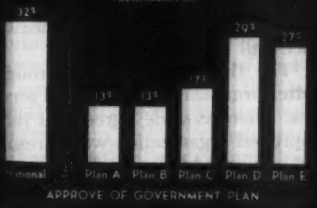
Which do you think would be better - for all companies to set up prepaid medical care plans, or for the national government to increase social security taxes to cover medical care expenses?

You probably have friends or relatives who don't belong to the plan. Do you think you are better off than they are because of the plan, or isn't there much difference?[1]



Do you think that the general public around Binghamton is better off or worse off than it would be if these pre-payment hospital or medical care plans weren't in operation?[2]

Would you approve or disapprove of such a plan?



How do you think these plans affect the doctors - do you think that doctors benefit by them, or that they are better off without them?

From what you've seen, do you think it would be a good thing or a bad thing if practically all industries in the nation set up pre-payment medical and hospital service plans for their employes?

[1]Asked of industrial workers in Binghamton, N.Y., Columbus, Ohio, and Detroit. Plans A, B, and C provide relatively complete medical coverage; plans D and E provide limited medical coverage.

[2]Asked of physicians in the Binghamton, N.Y., area.

Pepper Urges a Medical Center for Every Community

This is keynote of interim report by Senate subcommittee

The Senate Subcommittee on Wartime Health and Education, of which Senator Claude Pepper (D., Fla.) is chairman, last month submitted its third interim report[1] to the Senate Committee on Education and Labor. Its findings (condensed) follow:

"On the basis of the information it has gathered to date, the subcommittee is not prepared to formulate a complete national health program or to make detailed recommendations concerning all the health problems that remain unsolved. However, we shall make preliminary observations regarding certain basic subjects which require further study and specific recommendations regarding provision of facilities and services which we believe to be prerequisites to better national health.

"The subcommittee recognizes the complexity of the task of providing good medical care to all the people. We believe that there are three necessary methods of approach to this task. One approach without the others would be unrealistic and ineffective.

"The first involves education of the people, of the professions, and of the Government. We must collectively accept the fact of widespread existence of disease, disability, and injury, much of which medical knowledge today is able to prevent, alleviate, or cure.

"The second approach is through legislation. There is urgent need for modern medical facilities in many places throughout the nation, especially in rural areas and in crowded war-industry communities. To meet these needs money must be provided, and Federal financial assistance will be necessary.

"The third approach is through better organization of medical services. There is wide agreement that improved organization would result not only in a higher quality of service but in considerable economy of time, effort, and money. The necessary reorganization can best be achieved, and the welfare of the professions and the public advanced, by regional planning such as that provided for in the health and medical center proposal[2].

"The subcommittee has studied with interest the growing trend toward utilization of the facility called a medical center, which combines and coordinates the three major aspects of modern medical care—

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[1]The subcommittee is expected to continue its work with hearings and studies on rural, industrial, and school health, health needs of veterans, and medical education.

[2]See "The Public Health Service Offers a Coordinated Hospital Program," Nov. 1944 issue.

the preventive, the diagnostic, and the therapeutic services. This principle of combining preventive, diagnostic, and curative services into a single functional unit has been advantageously applied on a large scale in certain great university centers. It is also applicable, however, to the smaller-scale needs of rural communities.

"The Surgeon General of the USPHS urged development of a coordinated network of four basic types of medical center facilities: the small neighborhood or community 'health center,' the 'rural hospital,' the 'district hospital,' and the large 'base hospital.' The physical structures required for many of these four basic types of units already exist in many areas. The primary need is for organization of the existing facilities so that they may function in a coordinated manner, rather than for the construction of new buildings.

"The development of such a network of medical centers would constitute a great step toward the goal of providing a high quality of medical service everywhere in the nation. It would also create opportunities for group and individual practice for the 40,000 medical and dental officers who will return from the armed forces.

"According to careful estimates made by the USPHS, facilities are needed for 100,000 new general hospital beds, 94,000 new nervous and mental hospital beds, and 44,000 tuberculosis beds. In addition, 66,000 general beds, 97,000 nervous and mental disease beds, and 16,000 tuberculosis beds are situated in hospitals that are obsolete and that should be replaced. Approximately 2,400 modern structures are needed to serve as headquarters for local health departments.

"The cost of an adequate health-facilities program cannot be borne by the states and localities alone. Federal grants-in-aid to the states on a basis of need will be necessary. Before Federal funds are granted, however, over-all state plans and individual projects should be reviewed and approved by the Public Health Service to make sure that they meet certain minimum standards of construction, operation, and complete, coordinated service.

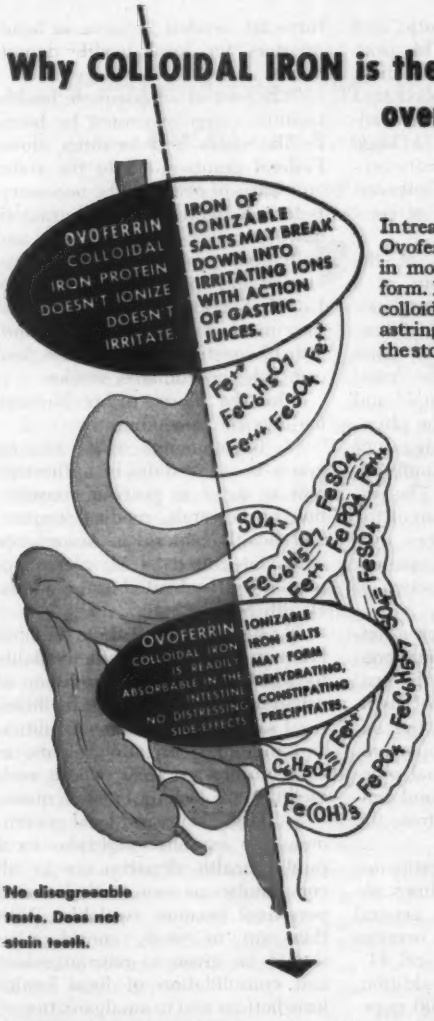
"On the basis of preliminary findings the subcommittee—

"1. Recommends that Federal grants-in-aid to states be authorized now to assist in postwar construction of hospitals, medical centers, and health centers, in accordance with integrated state plans approved by the United States Public Health Service.

"2. Recommends that Federal loans and grants be made available to assist in postwar provision of urban sewerage and water facilities, rural sanitation and water facilities, and milk pasteurization plants, in communities or areas where such facilities are lacking or inadequate.

"3. Urges state and local governments to establish full-time local public health departments in all communities as soon as the needed personnel become available. With this aim in view, consideration should be given to rearrangement and consolidation of local health jurisdictions and to amalgamation of existing full- and part-time local health departments with overlapping functions. The Federal Government should increase the amount of its grant to state health departments

Why COLLOIDAL IRON is the choice over Ionizable Iron



In treating hypochromic anemias, Ovoferrin provides iron therapy in most acceptable, assimilable form. Non-ionizing, it is a stable colloidal hydrous oxide without astringent or irritating effect in the stomach. Readily assimilable without dehydrating or constipating action in the intestine.

In finely subdivided colloidal state, Ovoferrin iron protein is effectively utilized by the body to combat secondary anemias of infancy, childhood and adolescence; anemias occasioned by blood loss and surgery of the gastro - intestinal tract; anemias associated with pregnancy and lactation.

Palatable, stimulating to the appetite, pleasant to take. Neither stains teeth nor affects tooth enamel. Dosage: 1 tablespoonful in water at bedtime and mealtime. Sold in drugstores in 11 oz. bottles.

No disagreeable taste. Does not stain teeth.

OVOFERRIN *COLLOIDAL ASSIMILABLE IRON*

MADE BY A. C. BARNES CO., NEW BRUNSWICK, N. J.

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to the end that complete geographic coverage by full-time local health departments may be achieved and that state and local public health programs may be expanded in accordance with needs.

"4. Recommends that the Army consider the feasibility and advisability of expanding its program for induction and rehabilitation of men rejected because of physical and mental defects.

"5. Recommends that the medical records of the Selective Service System be preserved and that funds be appropriated for further processing and study of these records.

"6. Reports the acute shortage of personnel with training in psychology and psychiatry and the need for immediate steps to increase the output of such personnel with a view to providing child-guidance and mental hygiene clinics on a far wider scale.

"7. Recommends that Federal scholarships or loans be made available to assist qualified students desiring medical and dental education; urges that increased enrollment of women in medical and dental schools, and pre-medical and pre-dental courses, be encouraged in every way possible.

"8. Recommends that Federal funds be made available to states for medical care of all recipients of public assistance and that allotment formulas governing distribution of Federal funds to state public assistance programs be made more flexible in order to give more aid to states where needs are greatest.

"The recommendations made above should be put into effect as soon as possible. We should begin planning now for the reconversion period. Further delay will postpone orderly solution of our health problems and deprive us of an effective means of aiding industry to maintain full production and employment after the war.

"A comprehensive health- and medical-facilities program, planned now and undertaken as soon as materials and labor become available, would soon pay big dividends in improved national health and physical fitness. We have seen what neglect of opportunities for better health has cost us during this war. We should resolve now that never again, either in war or in peace, will the nation be similarly handicapped.

"In 1933 the Committee on the Costs of Medical Care estimated that adequate medical and dental care, with proper remuneration for those furnishing the service, could be provided at an average annual cost of about $125 per family. Since this estimate was made, prices of medical goods and services have risen so that the figure would probably be about $150 if it were brought up to date. However, the 50 per cent of our families with incomes under $2,000 cannot afford to pay even $150 a year for medical care, and this amount imposes hardship upon many families in the $2,000 to $3,000 income group. The result is that doctors' bills pile up and many people will not call a doctor until they are seriously ill.

"Evidence such as this leads the subcommittee to conclude that the pay-as-you-go or fee-for-service system is not well suited to the needs of most people or to the widest possible distribution of high-quality medical care. It tends to keep people away from the doctor until illness has reached a stage where treatment is likely to be prolonged and

medical bills large. It deters patients from seeking services which are sometimes essential, such as specialist care, laboratory and X-ray examinations, and hospitalization. Individuals with low incomes, whose need is greatest, are most likely to postpone or forgo diagnosis and treatment.

"The solution of this problem will not be easy. Undoubtedly it lies in some form of group financing which would make it possible to share the risks and distribute the costs more evenly. This might be achieved by voluntary or compulsory health insurance, by use of general tax funds, or by a combination of these methods. Insurance methods alone would not be enough, because they are not applicable to the unemployed or to those in the lowest income groups.

"In order to meet the requirements of the public and of the professional groups concerned, any method which is evolved should offer complete medical care, should be reasonable but not 'cut rate' in cost, should include substantially all the people, should afford the highest quality of care, should permit free choice of physician or group of physicians, should allow democratic participation in policy making by consumers and producers of the service, should be adaptable to local conditions and needs, and should provide for continuous experimentation and improvement. Insofar as possible, it should also avoid the charity relationship.

"The way in which these aims can best be achieved is now the subject of considerable debate. Advocates of voluntary health insurance, such as Blue Cross hospitalization and medical society prepayment plans, hold that such plans will fulfill all needs if given sufficient time, and if supplemented by tax-supported grants for medical care to all recipients of public assistance. Others believe that only a small percentage of the population will ever obtain complete medical care through voluntary prepayment plans, and propose compulsory health insurance along some such lines as those set forth in the Wagner-Murray-Dingell bill. Still others maintain that needs would be met most satisfactorily and economically through a universal system of tax-supported medicine. At this stage of its investigation, the subcommittee is not prepared to pass judgment on these differing opinions. It is in agreement, however, with those who feel that remedial action is overdue.

"Pending the achievement of a solution which will assure complete medical, dental, and hospital care for the whole population, more adequate provision should be made for medical care of the needy. This will require increased appropriations by local, state, and Federal governments. Under the Social Security Act, Federal funds are not available to state programs for aid to needy individuals other than the aged, the blind, and dependent children. Legislation introduced in the 78th Congress provided for amendment of the Social Security Act so that Federal and state funds would be available to help states finance medical care for the needy, regardless of category. Proposals have also been made to alter allotment procedures governing distribution of Federal funds to state public-assistance programs so that more money could be given to states where needs are greatest.

"In 1942 there were approximate-

For the symptomatic relief of sinusitis

In relieving the discomfort which almost invariably accompanies acute sinusitis, the striking success of Benzedrine Inhaler, N.N.R., is as logical as it is gratifying:—

The Inhaler's vasoconstrictive vapor diffuses evenly throughout the upper respiratory tract, opening sinal ostia and ducts which are frequently inaccessible to liquid vasoconstrictors. The sinuses drain. Headache, pressure pain, "stuffiness" and other unpleasant sinusitis symptoms are relieved.

A Better Means of Nasal Medication

Benzedrine Inhaler

Each tube is packed with racemic amphetamine, S.K.F., 200 mg.; oil of lavender, 60 mg.; menthol, 10 mg.

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MODERN • SIMPLE • SAFE • ETHICAL

It gives uniformly good results

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate.

One level measure of the Similac powder added to each *two* ounces of water makes 2 fluid ounces of Similac. The caloric value of the mixture is approximately 20 calories per fluid ounce.

SIMILAC } SIMILAR TO BREAST MILK

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In Upper Respiratory Infections

COUNTERIRRITANT, ANTIPYRETIC, ANALGESIC

In coryza, pharyngitis, laryngitis, acute bronchitis, and influenzal infections, Baume Bengué produces prompt subjective relief and provides effective systemic therapy. Its distinct and welcome counterirritant action allays local discomfort and aids in creating a deep active hyperemia. Yielding methyl salicylate which is percutaneously absorbed, Baume Bengué produces an antipyretic action of value in acute febrile states. Its analgesic influence, brought about through systemic salicylization, relieves the associated joint and muscle discomfort. Of psychological benefit as well, Baume Bengué provides the patient with local therapy, satisfying a universal demand.

Baume Bengué

ANALGÉSIQUE

THOS. LEEMING & CO., INC., 155 EAST 44TH STREET, NEW YORK 17, N. Y.

Rosy-fingered dawn . . .

That Homeric description applies particularly to the dawn which breaks after a night's refreshing sleep. And dawn can be rosy-fingered, even for those who suffer from functional insomnia, after a sleep induced by the use of a mild hypnotic like 'DELVINAL' SODIUM *vinbarbital sodium*—because there is a definite freedom from unpleasant side-effects or "hangover."

In addition to its use as a hypnotic, 'DELVINAL' SODIUM is indicated for pre-operative and obstetrical sedation and in certain psychiatric conditions, because it is characterized by a safe therapeutic index, a relatively short induction-period, and its action is of moderate duration.

'DELVINAL' SODIUM is supplied in distinctively colored capsules of three strengths: ½ grain (brown) in bottles of 100, 500, and 1,000, 1½ grains (orange), 3 grains (orange and brown), in bottles of 25, 100, 500, and 1,000. Supplied also as 'DELVINAL' SODIUM elixir containing 4 grains of 'DELVINAL' SODIUM per fluidounce in pint bottles. **Sharp & Dohme, Philadelphia 1, Pa.**

'DELVINAL' SODIUM

Vinbarbital Sodium

INCOME AND MEDICAL CARE EXPENDITURES OF 33½ MILLION FAMILIES, 1942

Aggregate Income in 1942	Approximate Number of Families in Income Group	Percentage of Total Families	Average Amount Spent for Medical Care*	Proportion of Income Spent for Medical Care
Total	33,400,000	100	$100	3.6%
Under $1,000	6,900,000	21	$42	6.8%
$1,000-$2,000	9,800,000	29	68	4.5
$2,000-$3,000	6,800,000	20	96	3.9
$3,000-$5,000	6,700,000	20	145	3.7
Over $5,000	3,200,000	10	241	2.4

*Includes dental and nursing service.

Source: Senate Subcommittee on Wartime Health and Education.

ly 33.4 million families in the United States. The accompanying table shows their income distribution and the amounts they spent for medical care.

"The table indicates that even in the relatively prosperous year of 1942, 70 per cent of the families in the United States had incomes of $3,000 or less. The average family expenditure for medical care was estimated at $100, but families with incomes under $3,000 spent considerably less.

"The nation has been deeply impressed by the fact that 4½ million young men have been found unfit for military service because of physical and mental defects. In addition, more than a million have been discharged from service because of defects other than those sustained in battle. One and one-half million now in uniform were rendered fit for service only through medical and dental care given after induction.

"In all, it is estimated that at least 40 per cent of the 22 million men of military age—between 8 and 9 million—are unfit for general military duty. This is more than twice the number of men we now have overseas.

"Interpretation of the Selective Service rejection data as an index of national health was challenged at the subcommittee's hearings by representatives of the American Medical Association. They pointed out that the standards of physical fitness demanded for military service are considerably higher than those required for normal civilian activity.

"While it is true that many people are afflicted with defects that do not prevent participation in ordinary activities, such defects often reduce initiative and working capacity.

"According to the Selective Service System, at least one-sixth of the defects for which men were rejected could be remedied with relative ease, as far as medical science is concerned. In the Army rehabilitation program remarkable success has been achieved. Approximately 1½

HORLICK'S AND THE DISCHARGED PATIENT

When the patient is discharged from the hospital, every effort is used to encourage his continuing good dietary habits.

To provide the incentive for the patient to persevere in the intake of a highly nutritious diet, an acceptable supplemental food should be advised.

HORLICK'S

is a well-balanced food, supplying biologically complete protein in addition to easily utilizable, partially predigested carbohydrate. Because it is so quickly digestible, Horlick's does not interfere with the next full meal. It is delicious whether prepared with milk or water.

Recommend—

HORLICK'S

Powder or Tablets

The *Complete* Malted Milk—Not Just a Flavoring for Milk

HORLICK'S

OBTAINABLE AT ALL DRUG STORES

million men with major defects have been inducted and rendered fit for duty.

"The profound influence of illness and disability on war production is illustrated by figures on work absences. In 1943, the average male industrial worker lost 11.4 days and the average female industrial worker lost 13.3 days of work due to sickness and injury. By far the greater proportion of this loss was believed to be due to common ailments. Time lost thus annually is about 47 times the time lost through strikes and lockouts of all kinds during 1943.

"During the period 1900-1940, the death rate in the United States fell from 17.2 per 1,000 population to 10.8 per 1,000, a reduction of nearly 60 per cent. A major share of the credit for this remarkable progress belongs to the public health agencies of Federal, state, and local governments. The development of the preventive services furnished by these agencies, however, has been very uneven in different sections of the country. Today about 40 per cent of the counties of the United States still lack full-time local public health service. Many of the existing health departments are inadequately financed and staffed. Minimum preventive services under the administration of full-time local public health departments staffed with qualified personnel should be provided in every community. To accomplish this, additional Federal financial aid would probably be necessary.

"Nearly 5,000 communities need new water systems.

"New sewerage systems are required in about 7,700 communities with a combined population of nearly 9 million. More than 10 million additional people live in communities where sewer extensions are needed. There are more than 2,800 incorporated communities, with a total population exceeding 25 million, that do not have any form of sewage treatment. Approximately 5¼ million rural homes need new or improved water supplies, and 5 million need sanitary privies. More than 846,000 rural homes are without any toilet facilities whatsoever.

"Although pasteurization can and does prevent the transmission of milk-borne disease, most of the milk used in smaller communities is still consumed raw. Pasteurization plants should be constructed in more than 400 small communities.

"In many instances, loans and grants for facilities such as those mentioned could be financed with the aid of state and Federal governments.

"Most of the witnesses who testified before the subcommittee emphasized the necessity of correcting physical defects early in life. Every physician who conducts school health examinations knows the discouraging experience of seeing his recommendations for the correction of physical defects go unheeded. The Government's rightful concern in this matter is demonstrated by the unfitness of millions of young men in a time of national crisis.

"The number of neuropsychiatric discharges could have been predicted. It has long been known that approximately two-thirds of the illness encountered in general medical practice is essentially neuropsychiatric in origin and that half the patients in hospitals at any one time are there because of serious mental disorders. It is not surprising, therefore, that many of the men will need

professional psychiatric services to help them make the adjustment to civilian life. At present, psychiatric clinics are altogether inadequate to meet the needs of the returning men, and considerable expansion should be undertaken.

"The acute shortage of trained psychiatric personnel makes it imperative that such expansion be accomplished within the framework of general community medical services rather than as a separate program for care of veterans. There are only 3,000 qualified psychiatrists in the country—too few to permit separate mental hygiene services for different segments of the population. Medical schools could help by arranging their curricula so that the general medical practitioner, who must see most of the patients with psychoneuroses, would have a better knowledge of psychiatric problems and techniques.

"Vast improvement is needed in the application of known diagnostic procedures. Only a negligible proportion of people get a periodic physical check-up. Fifty-five per cent of all cases of tuberculosis admitted to sanatoria are in an advanced stage of the disease at the time of first admission. Many patients have cancer for months, or even years, before the disease is discovered. There is widespread neglect of prenatal care.

"One very important reason for the failure of medicine to apply more widely the known diagnostic and preventive techniques is the lack of physical facilities and equipment in many parts of the country. Good medical practice today requires a concentration of skilled personnel and equipment that is found only in good hospitals, medical centers, or group clinics.

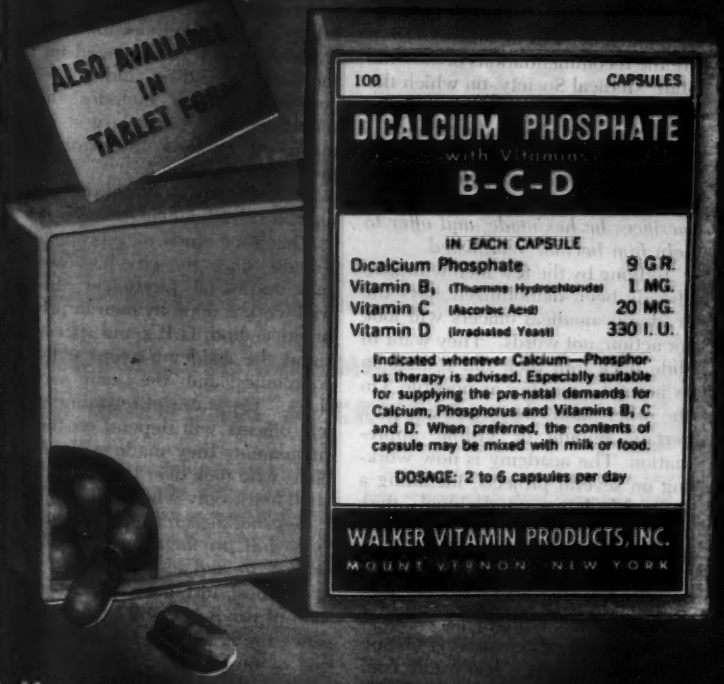
"According to the Surgeon General of the U.S. Public Health Service, 40 per cent of our counties, with an aggregate population of more than 15 million, have no registered hospitals. Many of the counties with hospitals have poor ones, even though they are registered.

"A study conducted by the American Medical Association showed that only 2 per cent of the population did not reside within thirty miles of some hospital, but this does not indicate the quality of the institutions, whether or not they have vacant beds, whether or not patients are financially able to use them, or whether racial barriers or legal requirements concerning residence prevent their utilization by all who live in the vicinity.

"Medical personnel are inequably distributed throughout the country. For example, in 1944, Massachusetts had about three times as many active physicians in proportion to population as did South Carolina. Similar disproportion exists among other states and among local areas within the same state.

"The distribution of physicians is influenced by several factors, among which community wealth is probably the most important. In 1938, counties with per capita income of more than $600 had eight times as great a proportion of physicians to population as did counties with per capita income of less than $100. Yet studies made by the Farm Security Administration suggest that the burden of illness in rural areas is the same as, or greater than, in urban centers. Lack of hospitals and diagnostic facilities is one of the most important factors in keeping doctors away from rural practice."

OR PRENATAL CARE



alker's

CALCIUM PHOSPHATE WITH VITAMINS B-C-D

Toledo Doctors Prepare to Aid Physician-Veterans

Propose to supply "action, not words," in easing return to practice

With its entire membership acting as a committee of the whole, the Academy of Medicine of Toledo and Lucas counties, Ohio, has launched a program of assistance for demobilized medical officers. Here are the recommendations of the Ohio State Medical Society, on which the program is based, and the academy's plans for effectuating them:

Get in touch with each medical officer as soon as possible after his return, express appreciation for the sacrifices he has made, and offer to help him become readjusted.

Judging by the few men who have already been demobilized, says the academy, medical officers will look for action, not words. "They want to slide back into their old routine in as normal a manner as possible. On the other hand, they can't escape a certain amount of 'visible' appreciation. The academy is now working on several projects, including a framed plaque, individual desk ornaments, a loan fund, and a memorial building."

Assist him in obtaining living accommodations, office space, telephone service, equipment, etc.

Obtaining office space is no special problem, since real estate companies have cooperated with the academy for years in the matter of suitable locations. The owners of the city's two medical office buildin are holding intact the offices of number of service physicians at li tle or no rental cost. As to living a commodations, the academy is co piling a list of likely locations. U ity services will be arranged for the academy office, and a spec committee—which includes rep sentatives of the two largest ph macies—is tackling the equipm problem.

Assist him in re-establishing p war industrial connections.

That isn't much of a problem Toledo, since the city has no fu time industrial physicians. Ind trial work is done by men in priv practice—both G.P.'s and specialis —and the academy keeps a list companies and the men servi them. "The status of returning med ical officers will depend on the a rangements they made with phy cians who took over their work. W shall assist only when called upo

See that he is restored immediate ly to full privileges at hospitals, a well as to staff seniority.

In most instances, such reston tion of privileges will be automati since the hospital relations comm tee of the academy is made up the hospitals' medical-staff chie However, the academy realizes t

[*Continued on page 8*

PENICILLIN CANNOT BE MADE IN A CRUCIBLE!

Bring back Paracelsus and his crucibles today...show him the clinical picture of Penicillin...take him on a trip through a great Penicillin plant like that of Cheplin Laboratories. What would he think? Your guess is as good as ours!

Just as strides in clinical medicine have been unmeasurable since Paracelsus' time, so too have been the strides in mass-manufacture and plant-investment. In the Cheplin plant at Syracuse, for instance, there are alone thirty miles of pipe needed to make this new "wonder-drug."

Who can state Medicine and the Pharmaceutical Manufacturer aren't working together for a better post-war world? And Cheplin is doing its bit!

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ADVANTAGES OF

1. PROLONGED VASOCONSTRICTION

2. SMALL DOSAGE

3. PHYSIOLOGICAL RATIONALE

PRIVINE Hydrochloride

some demobilized men (internes, etc.) will not have had previous hospital privileges, and others may wish to change their specialties. No policies have yet been established to meet these problems.

Assist him in arranging a full-time or part-time position if he want one.

The academy lists many part-time jobs (in city clinics, with insurance companies, etc.) and is querying medical officers who held such positions prior to the war to determine if they want them back. In addition, the academy handles all the city's medically indigent cases through a twenty-four hour telephone service. It sends out a physician on each call and bills the city relief office directly. Long used as a means of assisting young doctors, the system will have double value as demobilization proceeds.

Arrange a locum tenens or an assistantship if it is desired.

"We have made no specific effort yet to find out who will want assistants after the war. It seems a bit too early now; though, eventually, a list will be available. In this connection, the question has come up of how we can obtain the records of demobilized medical men, both as officers and doctors—primarily those who were not in practice prior to entering military service."

Help him to locate in another ar... if requested.

The Ohio State Medical Soci... lists openings throughout the st... and sends such information to t... academy upon inquiry.

Inform society members abo... his return, so that work can be r... ferred to him and consultation re... tionships renewed.

Notice of each man's return w... be published in the academy's wee... ly letter and monthly bulletin. I... addition, his office location, tele... phone number, and office hours wi... be made available on request.

Recommend to civilian physicia... that they promptly inform the medi... cal officer's former patients that h... has resumed practice, and sugge... that they return to him.

The solution to this problem, say... the academy, "is something that lie... within the men themselves. Patient... will soon learn of the return of a... medical officer. The academy mem... bership, as a committee of the whole... will do its part. Certain individuals... may not, but they will lose in the... long run. If the feeling among mem... bers is the same after the war as it... is now, returning officers will ge... every break possible."

—GERHARD D. ARTHU...

COUGH

THE accompanying cough present in many affections of the Respiratory System is usually part of Nature's defense mechanism. The complete suppression of the cough by the use of drugs may be harmful, and yet the troublesome cough, particularly if it is associated with retrosternal tightness, or muscular, or pleuritic pain, will rob the patient of much needed rest.

The value of externally applied moist heat for the relief of these symptoms is recognized by many physicians.

ANTIPHLOGISTINE as a medicated poultice provides a convenient method for applying moist heat for prolonged periods.

ANTIPHLOGISTINE is valuable as an adjuvant in the symptomatic treatment of Bronchitis—Chest Colds—Tracheitis—Tonsilitis—Pneumonia—Pleurisy.

ANTIPHLOGISTINE maintains moist heat for many hours.

Antiphlogistine

Formula: Chemically pure Glycerine 3.000%, Iodine 0.01%, Boric Acid 1%, Salicylic Acid 0.03%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%

The Denver Chemical Mfg. Co., New York, N. Y.

"suddenly... life was worth living"*

In depressed patients, Benzedrine Sulfate is virtually unique in its ability to banish apathy, subjective weakness, and despondency . . . to restore mental alertness, enthusiasm and the capacity for work . . . to increase the sense of energy . . . and to reawaken the zest for living.

The quotation which heads this page provides, out of the author's own experience, striking testimony to the dramatic value of Benzedrine Sulfate in the relief of simple depression, with its associated symptoms of anhedonia, chronic fatigue and retardation.

*Reiter, P. J., Experience with Benzedrine, Ugeskr. f. laeger, 99:459-460, 1937.

BENZEDRINE
SULFATE TABLETS

Racemic amphetamine sulfate, S. K. F.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

Harmonious Pelton styling and brilliant Pelton finish combine with every modern convenience in this famous Model 51-56 series of Cabinet Sterilizers.

Your choice from this series will be always an impressive reflection of your own professional dignity and prestige.

Non-drip cover lifts or lowers silently at toe touch. Interior compartment, 18 x 18 x 12 inches; glass shelves; light switches on when substantial double-wall door opens. Bronze boiler slopes with natural drain to faucet. Pilot light and controls grouped on panel. Automatic Pelton Sentry cuts off heat from dry boiler.

PELTON Sterilizers

Model 51 —With 14" 3-Speed Sterilizer	$108.00 (Western, $115)
Model 51-A—With 14" Super-Automatic Sterilizer	113.00 (Western, $120)
Model 56 —With 16" 3-Speed Sterilizer	112.00 (Western, $119)
Model 56-A—With 16" Super-Automatic Sterilizer	117.00 (Western, $124)

Models 51-A and 56-A for D.C. higher than 150 volts, $2.50 extra. For mahogany or walnut finish add $5.00.

Simple Rules Forestall Errors In Compensation Practice

Beginners will profit by knowledge of medicolegal fundamentals

The medical man who engages in workmen's compensation practice undertakes an obligation over and above his traditional duties concerning the recognition and treatment of disease. He must equip himself with at least a sound working understanding of the compensation laws of his state. Extensive litigation in compensation cases has shown that the physician is expected to have a complete understanding of his relationship to court, employer, employe, and insurer.

Physicians generally receive little or no instruction on this relationship, and, as a result of misunderstandings, may undergo embarrassment and financial loss. The industrial physician need be no quasi-attorney: In most cases, knowledge of proper procedure when both legal and medical interests are involved will enable him to avoid mistakes.

The newcomer to industrial practice will, as a matter of course, secure copies of compensation laws from the state department of labor or the state accident commission. A visit to the claims department of one or more of the large insurance companies will show him how bills are handled and what is expected of the doctor in filing reports. A great deal more can be learned by studying the experiences and methods of doctors with long experience in compensation work.

Most difficulties with compensation practice arise from neglect of certain standard procedures. For example:

The initial claim for compensation must be entered within a specified time after an injury occurs; in most states, the statute of limitations prohibits entry of such a claim after nine or ten months. After the time limit has expired, treatment should be withheld until it has been properly authorized, if fee for services is to be collected.

A patient who desires to reopen a previously closed case is sent to the physician for examination only. In these circumstances, professional advice to the patient, suggestions for treatment, or the giving of a prescription, constitute "treatment" in most states. The statute of limitations is thus technically waived by the physician.

In some states, certain classes of workers—usually agricultural or domestic—are not covered by compensation laws. In California, for instance, a domestic worker is covered only if the working week is 52 hours. Familiarity with these categories of workers, and careful checking of occupation, will save the physician unnecessary work. [*Turn the page*

QUIZ ON BABY CEREALS

1. What are the advantages of a fortified cereal?

The intake of iron and thiamine in the infant diet is often undesirably low. Gerber's Strained Oatmeal, fortified with both these elements, supplements the usual milk or formula. An ounce of this cereal will supply a generous intake of iron as well as a sufficient amount of thiamine for normal infants.

2. Is low fibre content essential?

The percentage of crude fibre must be low enough for the delicate digestive tract of infants. Gerber's Strained Oatmeal is processed to be suitable for the digestive systems of infants four weeks old.

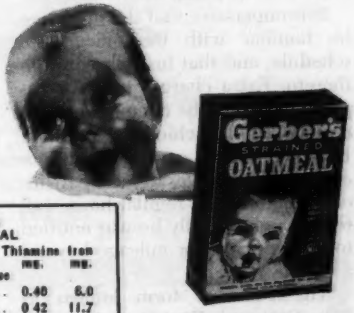
3. How about consistency?

When infants are first given cereal, uniform consistency, or texture, is very important. Qualified infant nutritionists have developed Gerber's Strained Oatmeal to mix to a smooth, creamy consistency without lumps. The texture of Gerber's is always uniform!

4. Is taste important to babies?

Not at first, but a pleasing flavor is a help to appetite appeal as baby grows older. Special attention was given to the development of extra good taste in Gerber's Strained Oatmeal.

Gerber's Strained Oatmeal is pre-cooked Just add hot or cold milk or formula to secure the consistency desired, and it is ready to serve.



IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
National Research Council recommended allowance for infants	0.40	6.0
One ounce Gerber's Strained Oatmeal	0.42	11.7

Gerber's Strained Oatmeal: 109 Calories per ounce.

Gerber's
Baby Foods

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CHOPPED FOODS

GERBER PRODUCTS COMPANY
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City ..... State .....

Again, some states specify what diseases are covered, thereby excluding all others. Some limit the time and cost for both medical and hospital benefits; others have no such limitations. Special provisions concerning hernia are made in twenty-five states. Disability or death due to venereal disease is not compensable in others.

The handling of compensation cases requires that paper work be well systematized. First reports must be followed by periodic progress reports. Records must be acceptable to the courts, and accessible for years. Case histories and X-ray films should not be destroyed for at least five years. In fact, the industrial physician should run his office much as a hospital record room is run. Conformity to standard terminology—as recommended by various state councils on industrial health—is advisable.

It is imperative that the physician be familiar with the official fee schedule, and that his bills conform thereto. Extra charges must be explained. Often, the doctor overlooks remuneration to which he is entitled. For more than a year one practitioner drove many miles to see a patient, charging only the regular house-call fee, though actually he was entitled to charge extra for mileage beyond a certain zone.

The standard form known as "The Surgeon's First Report" is sufficient only in cases of minor injury. In severe injuries and in cases of occupational disease, full details are required in an accompanying (or separate) letter setting forth all pertinent information about occupational environment, symptoms, laboratory findings, the estimated extent of disability, and so on. Such a report should be filed promptly, so that the patient's compensation is not delayed.

In recording the history of the case, recommended practice is that the examiner first listen to the patient's full story, then set it down as the patient himself has told it.

Often a patient will believe that his symptoms have been caused by his work, when actually their origin can be traced to non-occupational causes. Experience has shown that a great many cases of alleged "back sprain" are really due to focal infections which examining physicians neglected to report—indicating that doctors are too much inclined to accept the patient's say-so.

There is a prevailing opinion that insurance companies will not pay for laboratory analyses. This is not true. Insurance companies place much compensation work in the hands of a few doctors because they know these doctors will make all needed tests. Most carriers realize that careful diagnoses save them money in the long run.

To prove this, they cite the instance of the doctor who sent in a bill for $7.50, covering a blood smear for stippled cells in a case of lead poisoning. Another doctor

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• Decongestion of the nasal airway is promptly achieved by topical application of Neo-Synephrine, without causing wakefulness. Neo-Synephrine exerts prolonged local vasoconstriction and is virtually free from undesirable systemic effects such as elevation of blood pressure, increase of heart rate, and central nervous system stimulation.

Neo-Synephrine

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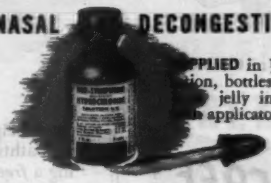
FOR NASAL DECONGESTION



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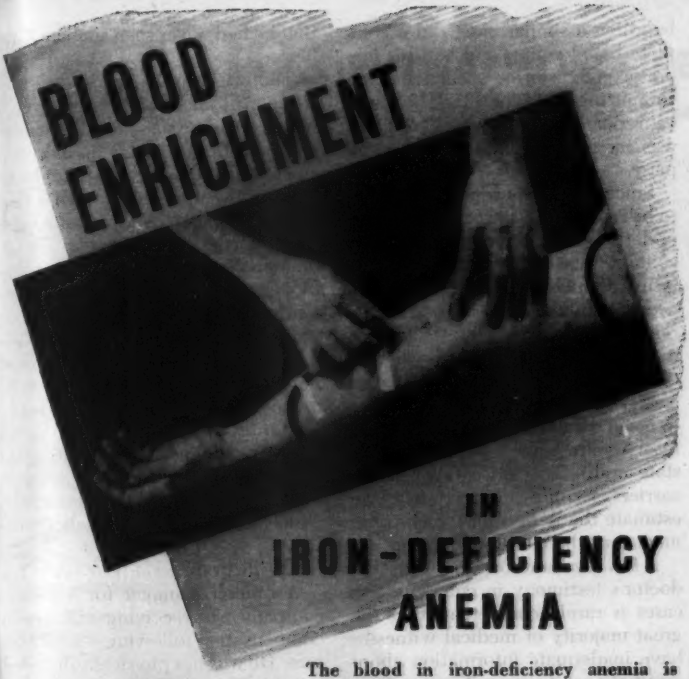
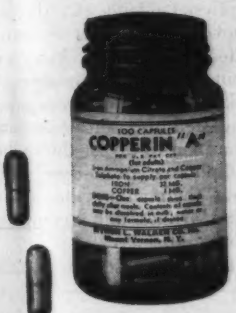


IN IRON-DEFICIENCY ANEMIA



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COPPERIN

handling a similar case, did a complete blood count, and had his laboratory test a urine specimen—later submitting a bill for $25. The medical report covered by the larger bill was far more valuable to the company.

Since a doctor's report may have to be read into a court record and be understood by laymen, it should contain no unnecessary medical terms; if such phraseology must be used, it should be explained in the report.

An estimate of how long the patient may be disabled is vital to the carrier—for he must set up reserves to cover all outstanding cases. Such reserves are subject at all times to state audit. To justify them, many carriers require the physician to estimate the period for which treatment must be continued.

A few legal authorities say that the doctor's testimony in compensation cases is rarely competent; that the great majority of medical witnesses have inadequate information about occupational diseases. To cite an example:

A young physcian, on cross-examination, admitted that his statements concerning sulphur-dioxide poisoning had been guesses, and that actually he had had no experience with the gas. In another case, a doctor stated that the bronchiecstasis shown in the X-ray of a pottery worker's chest was caused by silicosis; but off the stand he admitted that he had never seen such an X-ray before.

Too often, an inexperienced physician will allow a clever lawyer to secure an admission of unlikely probabilities. In testifying in industrial cases, it is important that the doctor stick to the more likely rather than the improbable. Also, insofar as is possible, he should ignore any affiliation he may have with an employer or carrier, and overcome any tendency to sympathize with the patient.

Often, a clear understanding of the law enables the physician to be of greater service to the workman. If, for example, the doctor knows that his state does not require court approval in compromise proceedings, he may be able to suggest ways which the patient can safely undertake.

To illustrate:

A branch manager for a camera company was receiving $25 weekly compensation following a skull fracture. He was not physically disabled, but the physician knew that the man could never resume his executive work. Realizing that a lump-sum settlement was readily possible, the doctor—knowing the man's capabilities—suggested the settlement, advising the man to invest the money in a small photographic supply store. As a result, the man now has a profitable little business and is completely rehabilitated.

—WILLIAM HENDERSON, M.D., LL.B.


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NOXZEMA

Health Program Conference Offers New Compulsory Medical Plan

But spokesman for organized medicine says group is unrepresentative

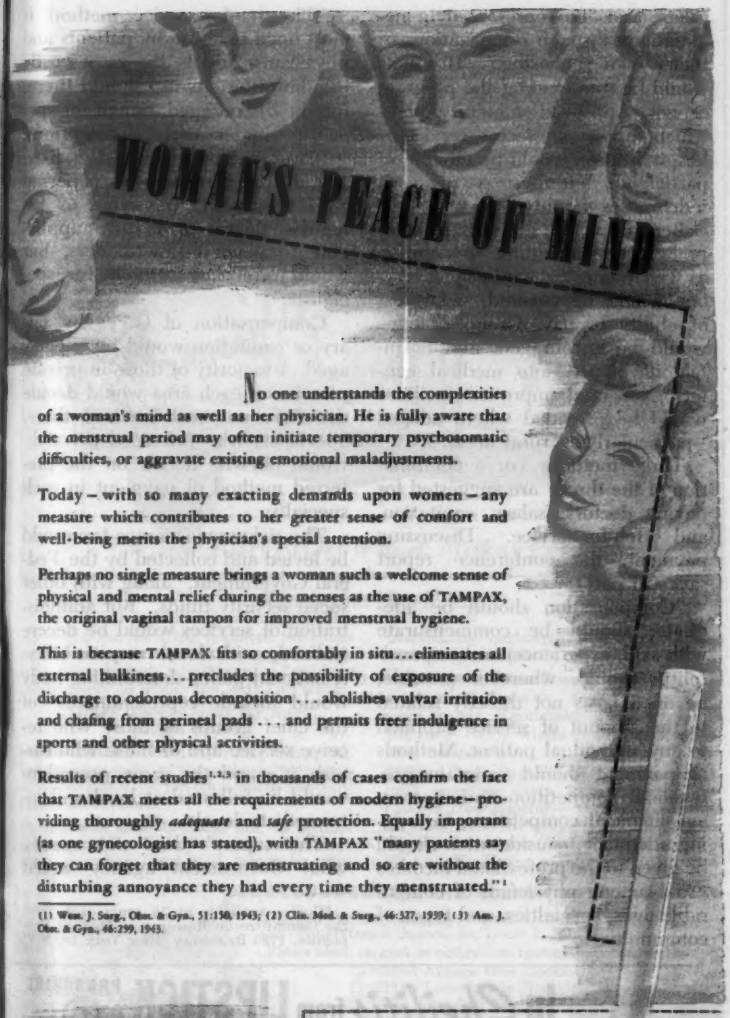
In a report entitled "Principles of a Nation-wide Health Program," thirteen physicians and sixteen laymen have evolved another compulsory sickness insurance plan. Similar in essence to the Wagner-Murray-Dingell proposals, the new program differs mainly by suggesting (a) decentralized administration; and (b) recognition of voluntary plans of "acceptable standards."

The group is known as the Health Program Conference. It is, in effect, a fusion of the leaders in the campaign for state medicine. It includes economists and sociologists connected with organized labor, Government bureaus, and private agencies; faculty members of several universities; physicians in administrative jobs; and three doctors in private practice. Organized medicine is not represented. The chairman of the conference,* Dr. (Ph.D.) Michael M. Davis, is director of the Rockefeller-supported Committee on Research in Medical Economics, established in 1936.

A national sickness insurance fund would be created by taxing employes, employers, and the self-employed. But, say the conferees, this would represent little *new* outlay of money "since the average American family already spends 3 per cent of its income on doctor and hospital bills."

Patients would have a choice of participating physicians and hospitals. Doctors could take part or not as they wished, practice individually or in groups, accept or reject pa-

*The other members: Will W. Alexander, Chicago, Julius Rosenwald Fund; E. W. Bakke, New Haven, Yale University; Solomon F. Bloom, New York, former associate secretary, American Association for Social Security; Ernst P. Boas, M.D., New York, chairman, Physicians Forum; J. Douglas Brown, Princeton, consultant to the Secretary of War; Allan M. Butler, M.D., Boston, Harvard Medical School; Hugh Cabot, M.D., Boston, Committee of Physicians for the Improvement of Medical Care; Dean A. Clark, M.D., Washington, U.S. Public Health Service; I. S. Falk, Washington, Social Security Board; Nathaniel W. Faxon, M.D., Boston, Massachusetts General Hospital; Channing Frothingham, M.D., Boston, chairman, Committee of Physicians for the Improvement of Medical Care; Frank Goldmann, M.D., New Haven, Yale School of Medicine; Herman A. Gray, New York, New York State Unemployment Insurance Advisory Council; Alan Gregg, M.D., New York, Rockefeller Foundation; William Haber, Ann Arbor, War Manpower Commission; Basil C. McLean, M.D., Rochester, N.Y., director, Strong Memorial Hospital; Gerald Morgan, Hyde Park, N.Y., Social Security Board consultant; Frederick D. Mott, M.D., Washington, chief medical officer, Farm Security Administration; George St. J. Perrott, Washington, USPHS; John P. Peters, M.D., New Haven, Yale University; Kenneth E. Pohlmann, Arlington, Va., Farm Security Administration; Kingsley Roberts, M.D., New York, director, Medical Administration Service; Barkev S. Sanders, Washington, Social Security Board; Gertrude Sturges, M.D., Wakefield, R.I., consultant, American Public Welfare Association; Florence C. Thorne, Washington, American Federation of Labor; J. Raymond Walsh, Washington, Congress of Industrial Organizations; C.-E. A. Winslow, New Haven, Yale University; Edwin E. White, Madison, Wis., National War Labor Board



No one understands the complexities of a woman's mind as well as her physician. He is fully aware that the menstrual period may often initiate temporary psychosomatic difficulties, or aggravate existing emotional maladjustments.

Today – with so many exacting demands upon women – any measure which contributes to her greater sense of comfort and well-being merits the physician's special attention.

Perhaps no single measure brings a woman such a welcome sense of physical and mental relief during the menses as the use of TAMPAX, the original vaginal tampon for improved menstrual hygiene.

This is because TAMPAX fits so comfortably in situ . . . eliminates all external bulkiness . . . precludes the possibility of exposure of the discharge to odorous decomposition . . . abolishes vulvar irritation and chafing from perineal pads . . . and permits freer indulgence in sports and other physical activities.

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(1) Wom. J. Surg., Obst. & Gyn., 51:150, 1943; (2) Clin. Med. & Surg., 46:327, 1939; (3) Am. J. Obst. & Gyn., 46:299, 1943.

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tients, and "be represented in negotiations through organizations of their own choosing." Hospitals would be free to enter the program or not. Approved voluntary plans which supply physicians' service or hospitalization would be eligible to participate, but those paying cash indemnities would not.

Benefits would, it is said, be comprehensive, including preventive as well as curative medicine. Everyone would be covered, regardless of ability to pay. Group practice would be encouraged, and hospitals developed into medical centers. New and improved facilities would be provided where needed —particularly in rural areas.

Three methods (or a combination of the three) are suggested for paying doctors: salary, capitation, and fee-for-service. Discussing payment, the conference report says (in part):

"Compensation should be adequate; should be commensurate with skill, experience, and responsibility; should, wherever possible, be on a basis not directly related to the amount of service supplied to any individual patient. Methods of payment should maintain professional competition and discourage financial competition. In judging adequacy, consideration should be given to the professional incomes usual among physicians of comparable ages, specialties, and types of community.

"The fee-for-service method is most open to abuse by patients and physicians, and is the most costly to administer. Its use should therefore be discouraged, except for specialists under certain conditions.

"The capitation method—a fixed amount per annum for each person who selects the physician as his regular doctor—is readily applicable to general practitioners, but would rarely be suitable for specialists."

Compensation of G.P.'s by salary or capitation would be encouraged. A majority of those in private practice in each area would decide the G.P. payment method there. Specialists who practiced privately would likewise decide on the preferred method of payment in each specialty.

The sickness insurance tax would be levied and collected by the Federal Government, "along with other social security funds." But administration of services would be decentralized, with local responsibility. A national policy-determining body would include representatives "of the chief groups of those who receive service and of those who furnish it"; and the same procedure would be followed at local and intermediate levels.

The report* does not specify what Government agency would

*Copies available at 10 cents each from the Committee on Research in Medical Economics, 1790 Broadway, New York 19, N.Y.

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administer the program, but says it would be coordinated with local, state, and national health activities.

[Opinion defending the proposed system was offered by Conference Chairman Davis in replies to the following questions put to him by MEDICAL ECONOMICS at the suggestion of private physicians.]

What efforts did the conference make to obtain the views of medical men generally?

"The opinions of physicians in private practice should be gotten. But the majority of private physicians are opposed to the whole principle for which this report stands. Therefore, there was no point in asking their views. It would have been stupid, too, to bring in representatives of any of the state medical societies. They would simply have said, 'We don't believe in any of these broad principles; we don't believe in a national plan; we believe in local plans under medical society control'. All the conference asks is that its report be considered on its merits."

Does the conference think that its proposed system could be created without wholesale compulsion of doctors?

"We believe that a large majority of doctors would gladly serve under the plan, for two reasons: (1) Most of them would get more income and greater assurance of security; others would get no less income (although some very high professional incomes might be cut somewhat if high-income patients chose to be treated under the plan). (2) The plan would provide more hospital opportunities and better laboratory and consultation facilities."

How would administrators be found?

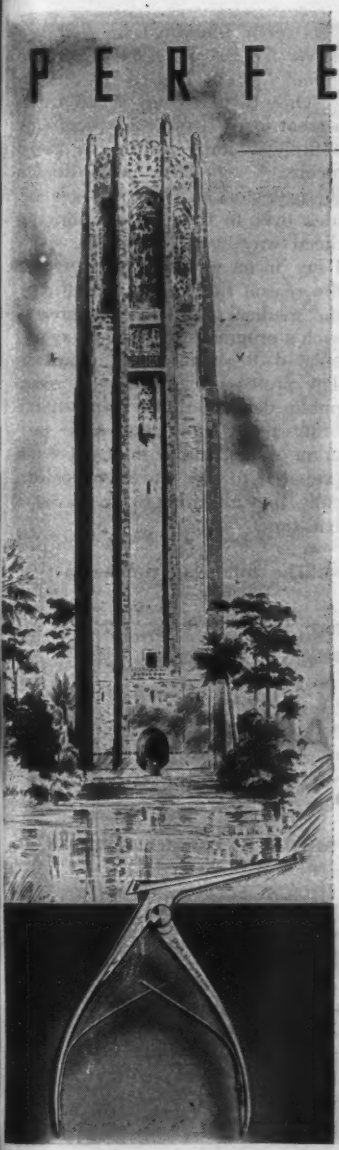
"Finding qualified administrators is not easy. We have some public health people, some welfare workers, and some hospital people who have the background and could be trained. But you can't train a mass of people for jobs that don't exist. The first thing is to get the plan started."

Do you think the public would tend to abuse the service you propose?

"We will have to educate people to use medical service more discriminately. Under the proposed system this will be possible, but you can't educate thus under a system of wholly individualized competition, because the education is by doctors competing with one another to get the business."

Is the conference drafting a bill to propose to Congress?

"No. The conference will not proceed in any organized way; but many members officially concerned with drafting bills will undoubted-



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ly do what they can to get some of our ideas incorporated in those bills."

With taxes compulsory, and medical coverage taking in all income levels, how could local voluntary plans be encouraged?

"The program doesn't propose to encourage voluntary plans, but those that met certain standards could be utilized in the system. The national fund, disbursed through local units, would make possible direct payments to doctors, hospitals, or qualified voluntary plans."

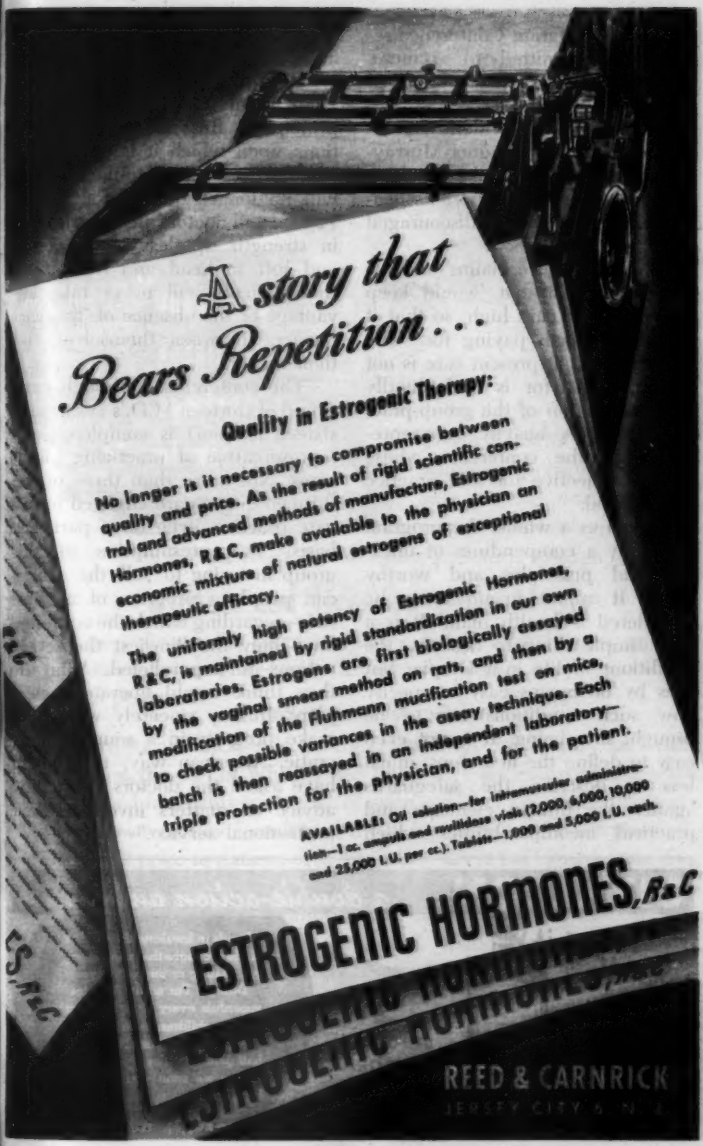
Is it feasible to start with broad coverage on a national basis?

"Five of the twenty-nine members of the conference felt it would be wise to start gradually; the majority felt it would be better to make a large-scale start."

Is there anything else that you would like to say about your program?

"Only this: It is my opinion that a great many doctors are practicing entirely among people of small means. A very large proportion of these doctors—if we could get our idea over to them in an unprejudiced way—would subscribe to it. I say 'in an unprejudiced way' for the reason that only a handful of the medical journals ever present such a program except in a way calculated to create bias against it. The profession now faces a rising public demand that will inevitably bring about some large-scale program of this kind. If doctors are not prepared to face the facts realistically, they are going to have a damn bad time."

[The following commentary on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AVAILABLE: Oil solution—for intramuscular administration—1 cc. ampuls and multidose vials (2,000, 6,000, 10,000 and 25,000 I.U. per cc.). Tablets—1,000 and 5,000 I.U. each.
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the Health Program Conference report was submitted to MEDICAL ECONOMICS by a representative of organized medicine.]

"This program is evidently an effort to revise the Wagner-Murray-Dingell bill so as to make it palatable to people who support its general objectives but are discouraged by its obvious defects.

"The conference claims to have evolved a plan that 'would keep the quality of care high, so that it would be worth paying for.' The implication that present care is not worth paying for is undoubtedly the contribution of the group-practice advocates—heavily over-represented in the conference—whose favorite adjective for solo practice is 'medieval.'

"Taken as a whole, the program is merely a compendium of unexceptional principles and worthy ideals. It cannot, in any sense, be considered a 'health plan.' It is a very simple thing to describe the conditions of life in a Utopia; but it is by no means easy to specify how such conditions are to be brought into being. It is not even easy to define the first steps, much less to describe the safeguards against the human elements and practical incompatabilities which have marred or destroyed many fine programs in the past.

"Dr. Davis has said that the program is only a 'statement of basic principles.' But note the assumptions upon which it is predicated. They are (1) that public servants will no longer hunger for power; (2) that all doctors are superhuman in strength, spotless in character, and soft in head and heart; (3) that patients will never take advantage of the absence of 'financial barriers' between themselves and their doctors.

"The conference, although comprised of thirteen M.D.'s (as against sixteen laymen) is completely unrepresentative of practicing physicians. Not more than three of the thirteen doctors are engaged in private practice, even on a part-time basis. The presumption of this group in trying to 'sell' the American people a program of medical care—regarding which the conferees have only the flimsiest theoretical notions—is unparalleled. Who do they think would operate such a plan? If they sincerely wanted to make progress in a sound, democratic, American way, they might have asked the doctors for a little advice on matters involving their professional service."

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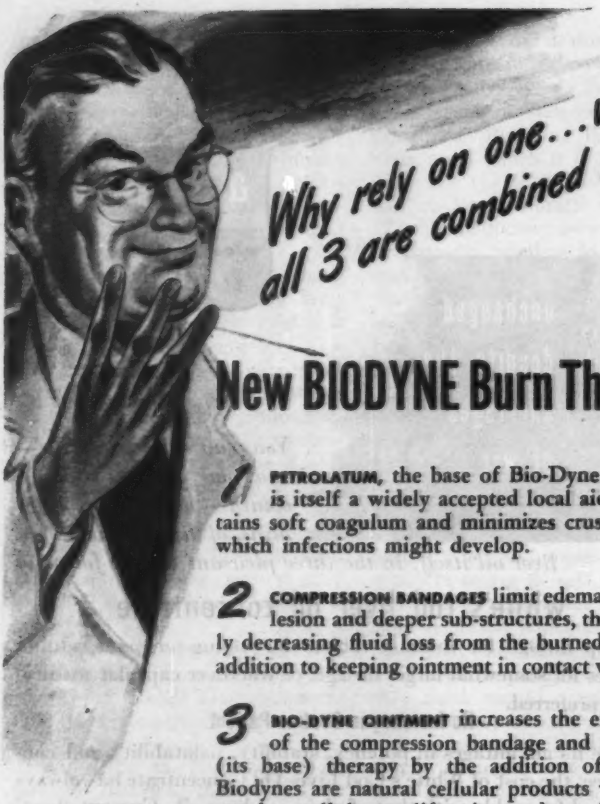

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THE ONLY PETROLATUM OINTMENT CONTAINING BIODYNES

The Newsvane

▶ Washington newspaper labels revamped Wagner-Murray-Dingell bill "the most explosive single item of domestic legislation to come before the 79th Congress". . . Four out of every ten persons joining Alcoholics Anonymous are women . . . Ohio State Medical Association is negotiating with the Blue Cross to administer a stock insurance company which it is organizing to issue medical-expense indemnity policies.

▶ Senator Pepper, obliged to stick close to Washington, will not conduct Senate subcommittee investigations on the West Coast, as he had planned . . . Dean Basil G. Bibby, Tufts Dental School, warns against self-medication with fluoride tablets, now beginning to appear on market . . . The 220 members of the Proprietary Association of America spent $5,000,000 on product study and development in 1944, devoted another million to fellowships, grants-in-aid, and other outside research.

▶ New York City's five county medical societies will sponsor courses in essentials of industrial medicine, certify physicians who complete them satisfactorily, and establish panel of doctors for part-time service in small industrial plants . . United Public Health League's Washington office reports heavy public demand for copies of the Wagner-Murray-Dingell bill, which has already run through two printings. Requests sent to Congressmen's offices, it says, top those for any other legislation.

▶ Population of U.S. on July 1, 1944 was 138,100,874, marking an increase of 6,400,000 since 1940, Census Bureau estimates . . . First annual Lasker Award in Mental Hygiene has gone to Col. William S. Menninger, the Army's chief consultant in neuropsychiatry, for "outstanding contributions to the health of the armed forces . . . American Dental Association has appropriated $25,000 for a motion picture of ADA activities to show before "interested groups."

▶ District of Columbia plans an obstetrical-surgical prepayment plan (service, not indemnity) with no income limit . . . Veterans Administration expects a need for 300,000 hospital beds to accommodate veterans by 1975 . . . Last year was greatest in history of Federal income and expenditure: Government took in $45 billion and paid out $97 billion, of which $89 billions was devoted to war

costs. In 1943 collections were $35 billion, expenditures $88 billion ($82 billion war costs).

PUBLIC RELATIONS

Medical Lobbying Charged

A medical lobby is blocking extension of Veterans Administration hospital facilities, Joseph Leib, of the American Legion, Washington D.C., recently asserted, on the basis of an alleged interview with V.A. officials.

"With approximately 4,000,000 veterans of the last war, and 12,000,000 potential veterans of this war," Mr. Leib asserted, "this great republic has only 87,007 beds in all of its Government hospitals. This total includes t.b., mental, domiciliary, and emergency beds."

When he discussed the situation with "certain high" Veterans Administration officials, Mr. Leib said, "I was bluntly told that the medical profession would fight to the last ditch any proposal to institute a forward-looking veterans hospital program. These officials—and some were M.D.'s themselves—said the medical lobby will see to it that this potential future business will not be taken away from civilian doctors."

Wednesday's Victim

"Can't something be done to eliminate the awful toll among people because all doctors take Wednesdays off?" a layman recently asked the Chicago Medical Society. "I know that they are being overworked, and I do not begrudge them time off—but do they all have to take the same day?

"Last April our young son came home from high school feeling sick. It didn't seem serious, so we waited until about 7 o'clock before trying to contact the doctor. We tried all evening, and then, when our boy became violently ill, a strange doctor said he would come over. He did, two hours later—but our boy was already dead.

"Last night Mother had a stroke. She collapsed on the sidewalk and was brought home by a passerby. Again we tried to get a doctor, but the reply was, 'This is Wednesday, and doctors are not available.'

"Luckily, Mother recovered. But it really looked for a while as though she was going to be another victim of Wednesday."

The society, disturbed, offered two solutions, one for patients and the other for physicians.

"Patients should have a regular family physician, one who is well acquainted with them. They will become aware of his habits, his willingness to make calls, his day off, and his methods of providing emergency care when he himself is not immediately available."

As to the physician, the society remarked ruefully that it is "easy for us to say that all doctors do not take Wednesdays off; that some take other days. But then *we* haven't had to call for medical care in an emergency.

"A physician tested this problem last Wednesday by making telephone calls to several friends who, he knew, did not have Wednesday hours. Two offices did not answer; the office girl at a third did not know where to reach the doctor. An attendant at the fourth office said she would be happy to get in

[*Continued on page* 112]

HOW TO TAME

TIP BREAKAGE

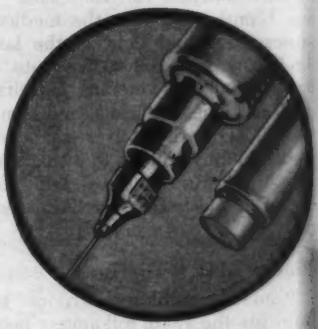
Records from Hospital after Hospital indicate that over 50% of all-glass Hypodermic Syringe breakage occurs at the tip.

No longer need cost conscious syringe purchasers put up with this inconvenience and unnecessary expense.

For the B-D Yale-Lok Syringe — with extra strong glass base and metal locking tip — eliminates tip breakage. Broken, cracked or chipped tips become events of the past when B-D Yale-Lok Syringes are used.

B-D Yale-Lok Needles lock on B-D Yale-Lok Syringes, with a half-turn, preventing leakage, jamming or slipping off. A slight turn releases the needle.

Outstanding Hypodermic Performance is secured when B-D Yale-Lok Syringes are used in combination with B-D Yale-Lok Needles — *with Huber Point.* B-D Yale-Lok Needles are made with both regular point or Huber point. Specify Huber if you want it.



B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

touch with the doctor if the case were a real emergency. The fifth office supplied the names and telephone numbers of two physicians who cared for calls and emergencies when the doctor called was not available.

"Which of these doctors," the society asked its members, "do you think are rendering the humanitarian service that the public has learned to expect of all real physicians?"

Professional Council

Eight groups in Los Angeles were organizing, last month, the Professional Coordinating Council "to combat attacks on the freedom and integrity of professional services." Members, it was said, would include representatives of medicine, chiropractic, dentistry, optometry, osteopathy, accountancy, architecture, and law.

Allege Service Gag

"Sixty thousand doctors and dentists serving our boys on every sea and on every battlefield of the world have been forbidden to write their representatives in Congress about the Wagner-Murray-Dingell bill because military personnel must not engage in any political activity while in military service," observes the New York County Medical Society. "Even students now finishing their medical education have been issued like orders.

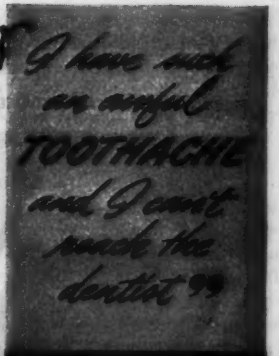
"We are glad to know that this so-called health bill is recognized as 'political activity,' but we question the propriety of forbidding these thousands of citizens the right to express their views as to their own professional future, while the gentlemen of the Public Health Service are permitted to travel around in their uniforms and speak for this 'political activity'."

No Tax Relief

The resurgence of the Germans on the Western Front having halted preliminary steps toward a cutback in taxes in 1946, it appeared last month that the present high level of Federal taxation would continue through 1947.

Representatives of the Bureau of Internal Revenue, and of the joint Congressional tax committee had prepared a series of recommendations to Congress, based on the hope that the war in Europe would end in 1945 and that the war in the Pacific would be over in 1946. But they were forced to junk their suggestions when the German offensive

"Oh Doctor!"



Thousands of physicians give the same advice...

"Use a POLORIS poultice"

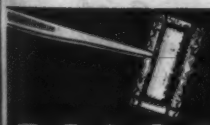
Your patient will be grateful if you prescribe Poloris Dental Poultice for emergency dental pain—because Poloris is singularly effective in giving prompt, safe relief—usually without the need for systemic opiates or sedatives.

You can suggest Poloris with the full assurance that it will not interfere with subsequent dental treatment.

Poloris—a strictly ethical product for over 30 years—is indicated for pain relief in the presence of dental abscess, after extraction, erupting third molar, irritation after filling, and other painful conditions of the teeth and gums not due to cavity.

Poloris is a scientifically tested and proven dental aid... acts on the medically accepted principle of counter-irritation. Its active ingredients include capsicum, hops, benzocaine, sassafras root, and hydroxyquinoline sulfate, in poultice form.

Obtainable at all drug stores.



POLORIS
FOR DENTAL PAIN

POLORIS CO., INC. 35-B
12 High Street, Jersey City 6, N. J.
Please send free POLORIS samples to:
Name_____
Address_____
City_____ State_____

reached dangerous proportions.

Thereafter there remained little expectation in Washington that postwar tax planning would have an early place on the agenda of this session of Congress as previously hoped.

Some Capitol Hillbillies were of the opinion that President Roosevelt might even recommend an advance in present rates.

MEDICOLEGAL

V.D. Secrecy

If diagnosis reveals syphilis, should a physician reveal that fact to a spouse over the objections of the victim?

This question was lately debated by the council of the British Medical Association, which then refused to accept an affirmative report from its central ethical committee. The committee had decided that "although conscious of the great importance of the rule of professional secrecy, in that it encourages frankness on the part of patients and is conducive to early consultation, there may be exceptional circumstances in which a medical practitioner is justified in departing from the strict rule for reasons of medical necessity, especially when there is no alternative method of protecting an innocent party."

A council member objected to this conclusion both on moral grounds and in the national interest.

"If it once became known," he said, "that there were exceptions to the rule, and that in certain cases a doctor might take it upon himself to divulge to a husband or wife that the other had venereal disease, we would lose far more than we stood to gain. More and more people would avoid going to the doctor if they knew there was a possibility of disclosure."

Diploma Mill

Monocled, five-foot-four Royal Leo Gaynor stood up in Special Sessions Court, New York City, a month ago and indignantly denied that he was the brains behind a diploma mill which had earlier brought George William Manus into the hands of the law. Gaynor then pleaded not guilty to charges he had conducted a business under an assumed name without notifying the authorities, had used the title "doctor" unlawfully, and had illegally granted medical degrees in psychiatry.

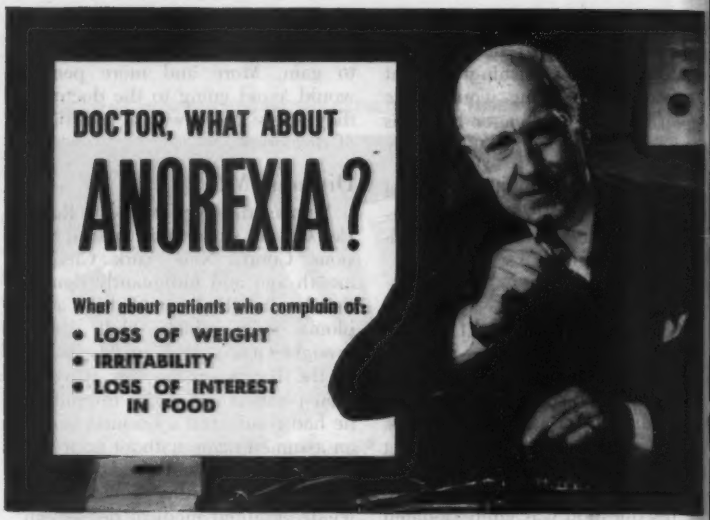
The district attorney's office declared that Gaynor had called himself "head dean" of the "New York College of Psychiatry (an extension of the Golden Gate State University of Los Angeles)", and that he and "assistant dean" Manus had been peddling bogus degrees at rates ranging from $350 to $500.

In addition, said the D.A., Gaynor had passed himself off as "president" of "the International College of Psychiatric Scientists," on the Isle of Guernsey; and head of the "Kosmos Center Curative Spa for So-Called Incurable Diseases," London.

Fee Dispute

When a state industrial accident commission revises upward a schedule of fees for compensation practice, and insurance companies refuse to pay the new rates, what

[*Continued on page* 118]



WHEN such complaints do not seem to add up to a diagnosis of any organic condition, they may, leading authorities agree, attend a mild nutritional deficiency.

In addition to whatever therapy you undertake, a dependable prescribed supplement is a quick and effective means of insuring a vitamin-mineral content of the diet up to the standard recommended by nutritional authorities.

The Vimms Formula (3 tablets) supplies, in readily absorbable form, all the vitamins known to be essential in the diet, as well as the minerals commonly lacking. No product offering one tablet or capsule per day can supply all the vitamins and minerals in the Vimms formula.

VIMMS

Most AMA Recommendations for compounding multi-vitamin formulas

AMA RECOMMENDATIONS ADULT MINIMUM DAILY REQUIREMENTS		VIMMS FORMULA 3 TABLETS
4,000 USP Units	A	5,000 USP Units
1 mg.	B_1	1 mg.
2 mg.	B_2(G)	2 mg.
600 USP Units	C	600 USP Units
400 USP Units	D	500 USP Units
no value stated	NIACIN	10 mg.

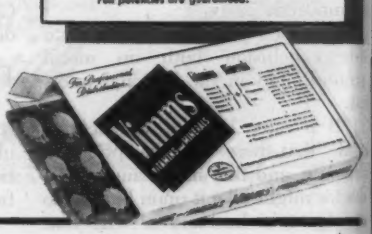
In addition, Vimms supply the minerals most commonly deficient in the average diet.

CALCIUM..... 375 mg.
PHOSPHORUS..... 250 mg.
IRON..... 10 mg.

Full potencies are guaranteed.

PROFESSIONAL SUPPLIES:

To introduce the patient to dietary supplementation with the vitamins and minerals in Vimms, professional supplies of Vimms are available on request. Write to Pharmaceutical Division, Lever Brothers Company, Dept. ME-30, Cambridge, Mass. (Offer good in U.S.A. only.)



Pepto-Bismol*
and
"INDIGESTION"

"INDIGESTION" has been with us since man has taken food. Benjamin Franklin tells us that "in general, mankind, since the improvement of cookery, eats about twice as much as nature requires."

No better justification is needed for PEPTO-BISMOL. Its purpose is not to reform the gastronomic habit of mankind; its mission is to alleviate its consequences. It has been doing that successfully for many years, bringing succor to the digestive tract oppressed by fermentation, hyperacidity, flatulence and simple diarrhea.

☆

A combination of bismuth subsalicylate, salol, zinc phenolsulfonate, methyl salicylate in a demulcent base, affords in PEPTO-BISMOL* a time-proved gastric sedative, free from alkalies that may evoke secondary acid rise.

THE NORWICH PHARMACAL COMPANY, NORWICH, N. Y.

A Norwich PRODUCT

*T. M. Reg. U. S. Pat. Off.

should the physician do? A great many California doctors have been facing that problem since last August, and a month ago a solution satisfactory to all parties hadn't yet been found.

Last summer the California Industrial Accident Commission ruled that compensation physicians were to add a 15 per cent surcharge to to established fees after Aug. 1, 1944. Shortly thereafter, an insurance carrier notified its panel physicians that it did not intend to pay the surcharge. Another company asked its doctors to agree, in writing, to adhere to the old schedule. A third, upon receiving statements carrying the surcharge, tendered checks in payment without including it.

Recently a committee of the California Medical Association, which has been endeavoring to establish a fair compensation schedule, suggested that doctors observe the following precautions:

1. Add the 15 per cent surcharge when billing carriers for services rendered under the compensation law.

2. Return all carrier's check from which the surcharge has been withheld, with the demand that the original billed amount be paid in full.

3. Contest all cases in which companies refuse to pay the full fee, by appealing them to the industrial accident commission. (If legal counsel becomes necessary to enforce physicians' demands, the California Medical Association says it will provide such counsel without cost to members.)

4. If an insurance carrier asks for an expression of willingness to accept fees under the old schedule, the CMA advises physicians not to give any form of affirmative answer, for if it is done in writing it may constitute a contract.

Stone Baby

The discovery of a lithopedion in the uterus of a New York woman almost five years ago led to litigation over possession of the "stone baby" that was settled only a month ago. The normally formed but calcified body was turned over to the sister of its mother, now deceased, together with a $200 check for damages, by the Sydenham Hospital which had previously been in possession of the body.

Early in 1940, the mother—a West Indian Negress—gave birth to

BEST" Therapy IN PSORIASIS

No therapy can be better than its ccess in terms of *performance.* eoretical consideration must give y to the question: "*Does it work?*" RIASOL holds high rank in pso- ic therapy *because it obviously orks.*" It (1) clears away lesions, d (2) prolongs remissions.

t may be asked: "Could other rapies do as much?" *RIASOL has ven effective in cases resistant to ay other methods attempted.*

RIASOL contains 0.45% mercury mically combined with soaps, % phenol and 0.75% cresol in a -staining, washable, odorless ve- e. Patients remain fully ambulant out bandaging.

o apply RIASOL, bathe affected s with a mild soap and dry thor- hly. Apply an invisible, thin film y for one week, then individual- . RIASOL may be safely used on y area, including face and scalp.

Ethically promoted. Available in 4 d 8 fld. oz. bottles, at pharmacies direct.

BEFORE USE OF RIASOL TREATMENT

AFTER USE OF RIASOL TREATMENT

MAIL THIS COUPON TODAY FOR YOUR TESTING BOTTLE

SHIELD LABORATORIES ME-2-45
8751 Grand River Ave., Detroit 4, Mich.
Please send me literature and generous clinical package of RIASOL.

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City ..... Zone ..... State .....

Druggist ..... Address .....

RIASOL FOR PSORIASIS

a normal baby girl in her home. Six months later a caesarian section at the Sydenham Hospital revealed another fetus and the lithopedion —probably a twin of the girl born six months earlier.

The hospital retained possession of the specimen, asserting that it had obtained a release from the mother. Nevertheless, a suit was entered by her for the body and for $100,000 damages for mental anguish.

A New York county court dismissed the claim, ruling that no suit could be brought to recover a body. The appellate division reversed the decision, but at that point the mother died and attorneys for the hospital contended that right to burial of the infant died with her.

The state Supreme Court ruled, however, that next-of-kin had certain property rights in a body; and the deceased's sister thereupon brought suit for recovery.

Paternity Blood Tests

Reluctance of courts to accept Landsteiner blood grouping as evidence in contested paternity cases was emphasized a month ago in the Chaplin-Barry case. Although the presiding judge permitted two physicians to testify that blood-group tests indicated that Charles Chaplin could not possibly be the father of Joan Barry's daughter, he directed the jury to draw its own conclusions about the validity of the tests.

A number of news reports of the trial tended to leave an impression that there was still a difference of opinion among physicians as to the

certainty of such tests, but Dr. Iago Galdston, New York Academy of Medicine, asserted that they are "unquestionably accepted" by the medical profession, and Dr. Alexander S. Weiner, of Brooklyn Jewish Hospital (where Landsteiner grouping methods were perfected) said "there is no controversy at all among experts."

DENTISTRY

ADA Alarmed

Concerned about the "activities" of certain medical schools in attempting to designate dental schools as departments of schools of medicine," C. Raymond Wells, D.D.S., president of the American Dental Association, charges that this would mean loss of autonomy, and make dentistry "a specialty of medicine."

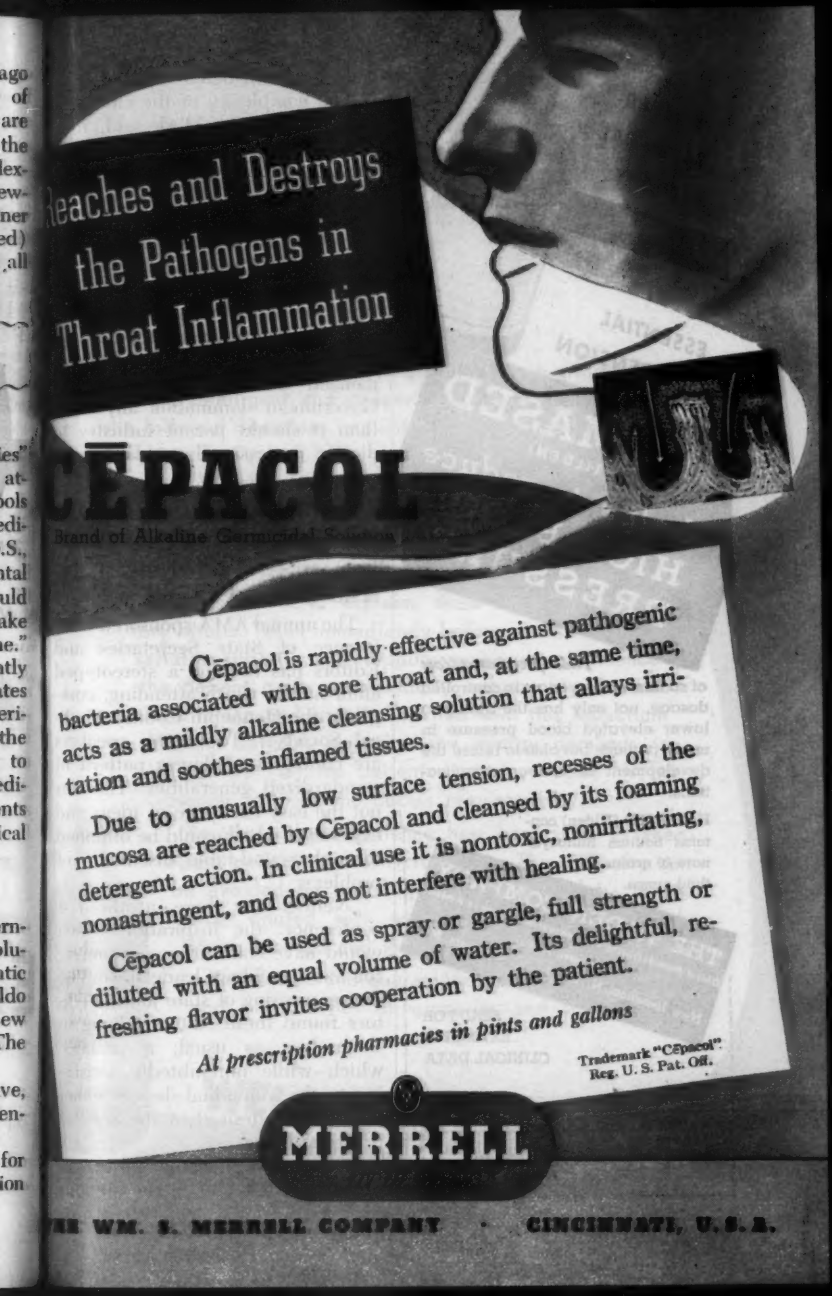
Dr. Wells recommended recently that the ADA house of delegates protest such action to the American Council on Education, to the American Medical Association, to the Association of American Medical Schools, and to the presidents of all universities with medical schools.

Aid—Not Control

Government aid minus Government control is essential to the solution of dentistry's two "gigantic problems," according to Dr. Waldo H. Mork, president-elect of the New York State Dental Society. The problems:

¶ The discovery of an effective, practical method of preventing dental caries.

¶ Provision of immediate care for "the 90 per cent of the population


Reaches and Destroys
the Pathogens in
Throat Inflammation
CĒPACOL
Brand of Alkaline Germicidal Solution
Cēpacol is rapidly effective against pathogenic bacteria associated with sore throat and, at the same time, acts as a mildly alkaline cleansing solution that allays irritation and soothes inflamed tissues.
Due to unusually low surface tension, recesses of the mucosa are reached by Cēpacol and cleansed by its foaming detergent action. In clinical use it is nontoxic, nonirritating, nonastringent, and does not interfere with healing.
Cēpacol can be used as spray or gargle, full strength or diluted with an equal volume of water. Its delightful, refreshing flavor invites cooperation by the patient.
At prescription pharmacies in pints and gallons
Trademark "Cēpacol" Reg. U. S. Pat. Off.
MERRELL
THE WM. S. MERRELL COMPANY · CINCINNATI, U. S. A.

suffering from dental disease."

The complexity of the causes of tooth decay, Dr. Mork said, indicates that "the problem will be solved only by the creation of an all-inclusive research program. The resources of our Federal and state governments, as well as those of private industry and the professions, must be employed jointly if this problem is to approached on a scale commensurate with its seriousness. This does not mean that organized dentistry should tolerate Government domination any more than it should permit industry to dictate professional standards."

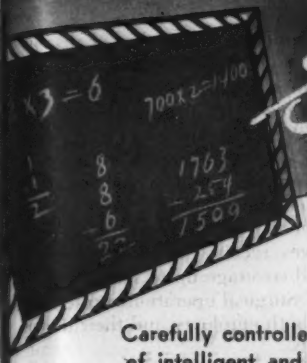
THE PRESS

Asks Journal Clinic

The annual AMA-sponsored Conference of State Secretaries and Editors has become a stereotyped affair hardly worth attending, complains the Hennepin County Medical Society: "Too many speakers are content to follow a pattern of standardized generalities. There is not the easy exchange of ideas and experiences which could be obtained through round-table discussion of problems.

"Neither was there, at the last conference, the inspiration which would have come from a resourceful and confident leadership. The dinner-meeting of state journal editors found these editors talking to themselves as usual, a practice which—while undoubtedly satisfying to the individual—leaves something to be desired in the way of practical values.

"It seems strange that no one in authority has hit upon the obvious



Carefully controlled clinical tests on a group of intelligent and cooperative obese patients who followed directions implicitly showed an average weight reduction of 7 lb. per month with use of a glass of Welch's (three parts grape juice and one part water) *before* each of the three meals. These subjects reduced comfortably and without specified diet menus, exercises or thyroid.

Simple arithmetic explains these highly satisfactory results. Taken immediately before meals, Welch's satiates appetite and supplies quick energy. Hence the patient quite unconsciously reduces his own caloric intake and is fully satisfied with this reduction. Welch's satisfies appetite and energy demands so effectively that the patient must draw upon his fat reserves to meet the body's requirements.

You know by experience how hard it is to keep obese patients on restricted diets. This difficulty can be avoided by ordering a glass of Welch's Grape Juice, diluted with water, *before* meals. Try the Welch Method and let your own scale be the judge.

Pasteurized and guaranteed pure. Supplied in quart and pint bottles at groceries and soda fountains.

WELCH'S GRAPE JUICE

Product of the

WELCH GRAPE JUICE COMPANY
Westfield, N. Y.

procedure of calling in an outstanding lay journalist and a topflight advertising executive, and allowing them to hold a clinic with the various state journals as material. Such vivisection would prove painful to pride, but its benefits could scarcely be debated."

PREPAYMENT

Industrial Plan

What its sponsors refer to as "one of the most complete plans for medical care insurance ever put into operation" became effective Jan. 1 for some 1,600 employes of Hoffmann-La Roche, pharmaceutical manufacturers, of Nutley, N.J. The program provides these benefits:

¶ Indemnity against the costs of medical care in home, office, or hospital for any illness or injury not coming within the scope of workmen's compensation. (Reimbursement covers all physician charges, including the fee for the first visit, and is made at the rate of $3 per call in home or hospital and $2 per call in a doctor's office. Limit is $75 for any one continuous illness and $75 for the calendar year for persons past 65—the company's normal retirement age.)

¶ Hospital and surgical costs, for both employes and dependents, at the rate of $6 a day, up to thirty-one days for any one disability, with no limit on the number of disabilities or total days of hospitalization in any one year. (In addition, $80 is allowed for hospital extras.)

¶ Maternity benefits for employes and dependents at a rate of $6 daily up to a limit of fourteen days for employes and ten days for employes' wives. (In addition, employes receive prenatal and postnatal coverage up to six calls.)

¶ Surgical operations up to $150 for both employes and their dependents.

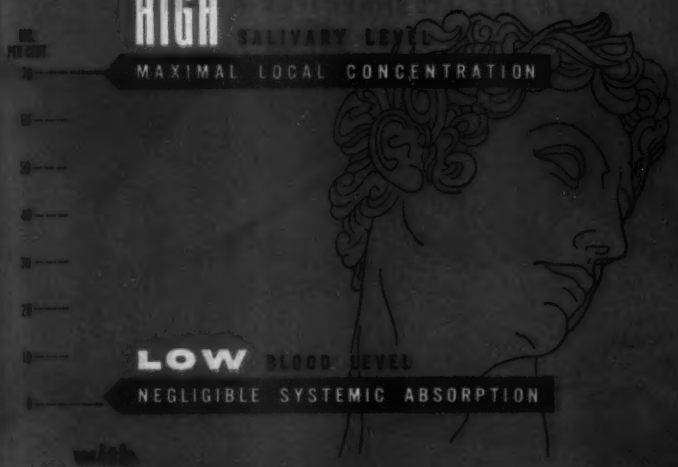
The company pays the entire cost of the program.

Salaried Practice

"There are two fundamental conceptions at the root of opposition to salaried service," observes Great Britain's Socialist Medical Association. "The first is that under a system of free competition a doctor has more liberty than under a system of state or local authoritarian control. The second is that a whole-time salaried service favors the idle and repels the able adventurer in life.

"Laziness would occur in a salaried state service; it happens without one. A competent doctor with a flourishing practice may bring in a younger man, one educated in a socially desirable university and with good manners. The partner may be professionally idle and inefficient, but this can escape detection a long time, because it is not easy for most

[*Continued on page* 130]



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White's SULFATHIAZOLE GUM*

This new and highly effective method for the *local* treatment of certain oropharyngeal infections offers these outstanding clinical advantages:

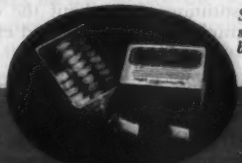
1. Chewing one tablet for one-half to one hour provides a high salivary concentration (averaging 70 mg. per cent) of therapeutically active sulfathiazole...

2. that is maintained in *immediate* and *prolonged* contact with oropharyngeal areas not similarly reached by gargles or irrigations...

3. yet even with maximal dosage, resulting blood levels are so low that systemic toxic reactions are virtually obviated.

Indications: acute tonsillitis and pharyngitis; septic sore throat; infectious gingivitis and stomatitis caused by sulfonamide-susceptible micro-organisms; Vincent's disease. Also indicated in the prevention of local infection secondary to oral and pharyngeal surgery.

Supplied in packages of 24 tablets, sanitaped in slip-sleeve prescription boxes—on prescription only.



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WHITE LABORATORIES, INC.

NEWARK 7, N. J.

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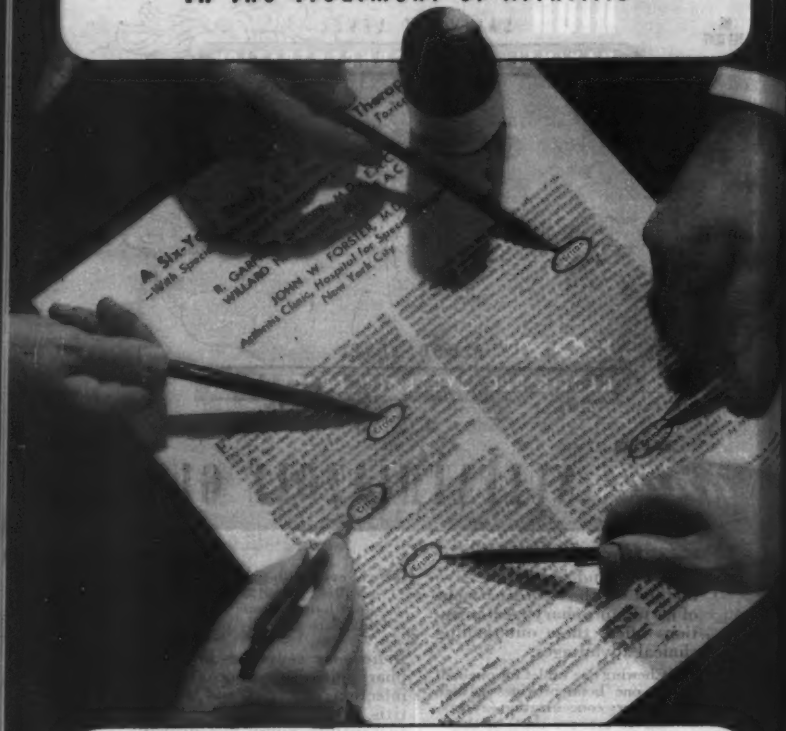
In the Treatment of Arthritis



A wealth of published evidence furnishes the background for your use of ERTRON in the treatment of arthritis.

Ten years of comprehensive research into the various phases of ERTRON therapy in leading institutions throughout the country has produced an extensive bibliography on the safety and effectiveness of ERTRON in arthritis.

The results published by the investigators do not apply to any product other than ERTRON—the product employed in the clinical studies.

Usual therapeutic responses to ERTRON include one or more of the following: reduction of pain, diminution of soft tissue swelling, increased range of motion and exceptional restoration of normal function.

ERTRON alone—and no other product—contains electrically activated, vaporized ergosterol (Whittier Process).

*Reg. U.S. Pat. Off.

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ERTRON Parenteral

For the physician who wishes to supplement the routine oral administration of ERTRON by parenteral injections, ERTRON Parenteral is available in packages of six 1 cc. ampules. Each ampule contains 500,000 U.S.P. units of electrically activated, vaporized ergosterol (Whittier Process).

ERTRONIZE THE ARTHRITIC

ERTRONIZE means: Employ ERTRON in an adequate daily dosage over a sufficiently long period to produce optimal results. Gradually increase the dosage to that recommended or to the toleration level. Maintain this dosage until maximum improvement occurs.

Supplied in bottles of 50, 100 and 500 capsules.

Ethically Promoted

NUTRITION RESEARCH LABORATORIES • CHICAGO

laymen to distinguish between manner and matter.

"Even commercial firms have gradually degenerated and crashed, to the surprise of good judges. Free competition is not an effective safeguard against idleness or incompetence; no system can eliminate the weaknesses of human nature. But a whole-time salaried service can at least insure that promotion shall depend on achievement."

ILGWU Program

Last month the Manhattan Health Center of the International Ladies' Garment Workers' Union was prepared for a vast expansion of activity. Plans had been completed for implementing the contract signed last March with five manufacturers' associations whereby 75,000 union workers will receive increased medical and hospital benefits, whether employed or not.

The contract provides that employers will contribute 3½ per cent of their payrolls (normally $90 million a year) to a jointly administered fund. For this, garment workers will get

¶ Annual physical examinations.

¶ In-plant eye examinations, with necessary eyeglasses provided free.

¶ Diagnostic, therapeutic, and specialist service, at the medical center, not to exceed a total cost of $15 a year. (Clinic costs are figured at a much lower rate than equivalent private practice costs).

¶ Hospital benefits at the rate of $3 a day for twenty-five days, plus disability payments of $12 a week.

¶ Cash benefits of $250 to tuberculosis victims, or the usual hospital rate plus $50.

The program, described by a union official as the most comprehensive ever undertaken by a labor organization, will cost an estimated $666,000 annually.

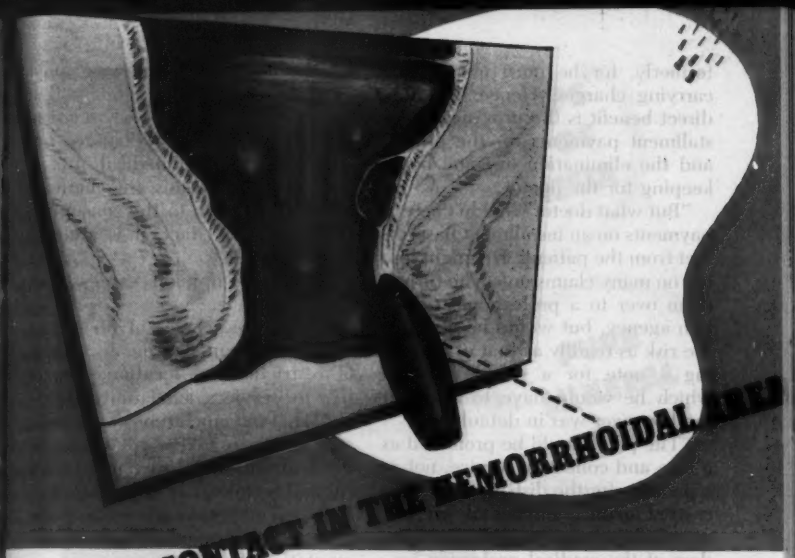
Shield or Triangle

The "Blue Triangle," a post-payment plan for meeting medical and dental bills, introduced by the Massachusetts Bankers Association and approved by the Massachusetts Medical Society, has been acclaimed by its sponsors as "another answer to socialized medicine." But it is something less than that to the Rhode Island Medical Society, which asks, "How can the Massachusetts Medical Society sponsor, at its own expense, its Blue Shield prepayment insurance program for medical care as the solution of the problem, and the next moment support a banking plan which is publicly proclaimed as a better solution?"

Blue Triangle financing involves patient, physician, and bank. The patient applies for a medical loan, to be repaid in installments, and offers a note endorsed, with full recourse, by his physician. If the loan is approved, the physician receives the full proceeds less 10 per cent, which is withheld until the borrower has completed his payments. Repayment installments are spread over a six-to-twelve-month period.

Weighing claims that the plan is a "challenge to socialized medicine," the Rhode Island society says it "fails to see the point. The sponsoring banks intend to make certain that the individual seeking the loan is a good financial risk, and we question whether every citizen applying would merit a loan, any more than every patient's note would merit endorsement by his physician.

"In addition, the patient will have to pay more for medical care than



ESTHETIC CONTACT IN THE

The clinical effectiveness of Diothoid Suppositories in relieving hemorrhoidal pain is due in no small part to a unique hydrophilic base that takes up water, disintegrates, and disperses evenly throughout the rectum. Ready miscibility with mucous and serous secretions assures more intimate, uniform, and prolonged contact with surrounding mucosa, and prevents leakage.

BLENDED ANESTHETIC ACTION—Two local anesthetics are incorporated in Diothoid Suppositories . . . one *rapid* in action, the other *prolonged* in effect . . . to provide prompt yet long-lasting relief of pain.

ENCOURAGES HEALING—Healing of local anal lesions is stimulated by urea contained in Diothoid Suppositories. Other advantages are their antiseptic and decongestive actions, freedom from narcotics, and correct shape for easy insertion.

Diothoid Suppositories are available at prescription pharmacies in boxes of 12.

DIOTHOID

Brand of Anesthetic and Antiseptic

SUPPOSITORIES

Trademark "Diothoid"
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MERRELL

SOMETHING VITAL IS MISSING!

CAN YOU DETECT THE MISSING ANATOMY?

SOMETHING is missing, too, in synthetic Vitamin B mixtures.

Until all the elements of the B-complex are known chemical compounds, only a product derived from a *natural* source can supply the complete action of B-complex.

That is why more and more physicians are prescribing HALABEX — YEAST VITAMINE TABLETS (Harris). A natural source of amino acids, HALABEX — YEAST VITAMINE TABLETS (Harris) provides *ALL* the components of B-complex — known and unknown — that are natural to BREWERS' YEAST.

HARRIS VITAMIN PREPARATIONS NOW INCLUDE:

HALABEX (formerly called Yeast Vitamine Tablets)
HALAPAN • HALADEE • NICOTINIC ACID
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BREWERS' YEAST POWDER (Harris)

HALABEX—Yeast Vitamine Tablets (HARRIS)

Harris Laboratories
(Division of Bristol-Myers Company)
Tuckahoe 7, New York

PRODUCERS OF VITAMINS FOR MEDICAL USE SINCE 1919

HARRIS LABORATORIES Dept. H.
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I would like a trial package of HALABEX—YEAST VITAMINE TABLETS (Harris) and information on new HARRIS Vitamin Preparations.
Name _____
Address _____
City _____ State _____

HARRIS VITAMINS ARE NEVER PROMOTED TO THE PUBLIC

Not Merely the Joints

REQUIRE TREATMENT IN ARTHRITIS

Systemic Involvements, too—

DEMAND CONSIDERATION

Weakness • Fatigability • Loss of Weight • Anemia • Neuritis
Gastrointestinal Disturbances • Liver Dysfunction
Impaired Carbohydrate Metabolism • Early Arteriosclerosis

THE measurable improvement, systemic as well as articular, which follows the use of Darthron is due to its pharmacodynamic influence exerted not only on the joints but also on the general systemic state.

Maximal improvement in the shortest time may be achieved only when optimal efficiency of all metabolic and physiologic activity is made possible.

The pharmacologic influence of each of its nine active ingredients, upon which the rationale of Darthron is based, is time-tested and clinically proved. The need for each is well established.

Darthron supplies in a single capsule all nine of these essential factors. By eliminating the need for taking a number of different medicaments, Darthron makes for convenience in administration and insures better patient cooperation.

Physicians are invited to send for a complimentary copy of the new brochure "Systemic Therapy in the Arthritides."

J. B. ROERIG & COMPANY

536 Lake Shore Drive • Chicago 11, Illinois

Each Capsule Contains:

Vitamin D	50,000 U.S.P. Units
Vitamin A	5,000 U.S.P. Units
Ascorbic Acid	50 mg.
Thiamine Hydrochloride	2 mg.
Riboflavin	1 mg.
Pyridoxine Hydrochloride	0.1 mg.
Calcium Pantothenate	0.333 mg.
Niacinamide	10 mg.
Mixed Natural Tocopherols	3.4 mg.

DARTHRON *for the Arthritic*

a **ROERIG** *Preparation*

INDIGENT CARE

Private-Call Plan

The "Newark plan" of indigent care, in seven months of operation, greatly reduced costs to the city, reports the New Jersey State Medical Society, which sponsors the program.

Newark indigents are given medical treatment in their homes by private practitioners after their eligibility has been certified by the department of public welfare. Participating doctors are paid $2 for each house call made up to 8 P.M., and $3 for those made thereafter. (Office care is provided at city clinics.) The plan replaced a system of salaried district physicians and was adopted after complaints of inadequate service.

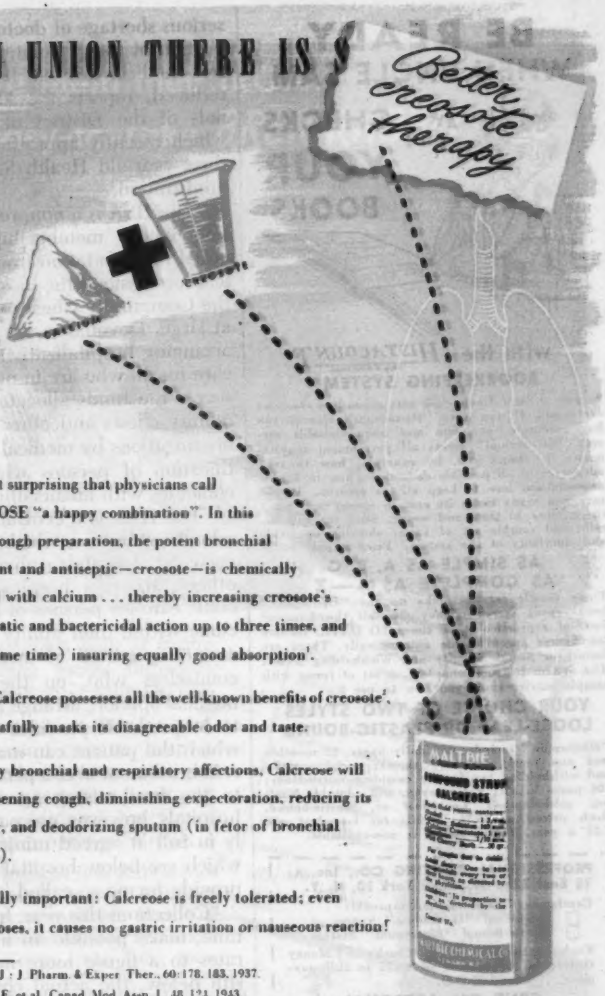
Calls for the first six months of 1944, after adoption of the program, numbered 846, as against 4,909 for the first six months of 1943, when district physicians were employed.

"Unquestionably," says the society, "some of the reduction is due to greater ability of the public to pay. Much of it, however, was made possible by the welfare department check-up. This is indicated by the fact that 281 calls were rejected during the first six months of 1944, or approximately 20 per cent. It is reasonable to suppose that 20 per cent of the 4,900 calls in the same period last year were made by individuals not entitled to free treatment."

Capital Method

Despite a vast increase in population in Washington, D.C., and

"IN UNION THERE IS S



• It is not surprising that physicians call CALCREOSE "a happy combination". In this popular cough preparation, the potent bronchial expectorant and antiseptic—creosote—is chemically combined with calcium . . . thereby increasing creosote's bacteriostatic and bactericidal action up to three times, and (at the same time) insuring equally good absorption[1].

• Thus, Calcreose possesses all the well-known benefits of creosote[2], yet successfully masks its disagreeable odor and taste.

• In many bronchial and respiratory affections, Calcreose will aid in lessening cough, diminishing expectoration, reducing its purulency, and deodorizing sputum (in fetor of bronchial secretions).

• Especially important: Calcreose is freely tolerated; even in large doses, it causes no gastric irritation or nauseous reaction!

[1] Fellows, E. J.: J. Pharm. & Exper. Ther., 60:178. 183. 1937.
[2] Stevens, M. E. et al. Canad. Med. Assn. J., 48: 121. 1943.

DOSAGE: 2 tablets Calcreose 4 gr.; or 1 to 2 tspfl. Compound Syrup Calcreose, as preferred.

AVAILABLE: Tablets Calcreose 4 gr., brown coated, in bottles of 100, 500 or 1000; Compound Syrup Calcreose in pint or gallon bottles.

CALCREOSE

THE MALTBIE CHEMICAL COMPANY • NEWARK, N. J.

serious shortage of doctors, the proportion of the population requiring free medical care has been steadily reduced, reports the Medical Annals of the District of Columbia, which recently appraised the city's three-year-old Health Security Administration.

"The HSA is a nonprofit corporation whose membership includes equal representation from the medical profession, the hospitals, and the Community Chest or the public at large. Devoted to the purpose of arranging hospitalization and clinic care for all who are in need, it conserves the funds allocated by community chests and other charitable organizations by medical-social certification of persons whose illness coincides with financial instability.

"The HSA is a centralized social admitting bureau which, on reference by hospitals, physicians, or others, arranges hospitalization or clinic care for persons of limited income within their ability to pay. It maintains a staff of medical-social counselors who, on the basis of medical opinion, arrange admissions to hospitals. It provides a plan by which the patient can make partial reimbursement over a period of time to the fund-raising agencies. The hospitals, however, are paid monthly in full at agreed minimum rates which are below hospital costs and provide for no so-called 'extras.'

"Collections this year, for the first time, make possible an increase in rates to a figure more nearly, but still below, the actual costs to the hospitals.

"The HSA is well equipped to serve the hospitals as well as the physicians. All admissions and discharges of HSA patients are recorded in the central office by tel-

autographs installed in each hospital. Direct telephone lines are maintained between the HSA and the hospitals, as well as with the medical bureau; and all inpatients are cleared as to social case history with the social service exchange by teletype. Non-Washington residents are cleared with the county departments of public welfare as well as with private social agencies in near-by counties of Virginia and Maryland."

MILITARY

M.D. Demobilization

Demobilization of a number of medical officers "in the moderately near future" was anticipated by the War Department a month ago, when it disclosed that "the need for Medical Corps officers in senior grades, assigned principally to administrative duties, is less acute than formerly." A board of officers, it disclosed, was carefully weighing physical and other qualifications of all Medical Corps officers and their essentiality to the war effort.

—And in Britain

The British Government recently proposed to Parliament a plan of partial demobilization which would be put into operation after the defeat of Germany but before the conclusion of the Pacific war. It was expected, if the plan was adopted, that a number of service physicians would be returned to essential civilian practice.

Under the program, men would be selected for demobilization by class. Those in class A would be released according to age and length of service. Class B would be made up of "specialists" needed for reconstruction work in England, and might include a certain number of selected individuals (*e.g.*, physicians) to be assigned to urgent civilian duty.

Army Personnel

As 1944 ended, the Army Medical Department numbered 680,891 persons, as against 8,010 at the beginning of World War I. It was comprised of these constituents:

Medical Corps	44,651
Dental Corps	14,948
Veterinary Corps	2,012
Sanitary Corps	2,364
Medical Admin. Corps	15,078
Pharmacy Corps	59
Army Nurse Corps	40,305
Enlisted men	559,327
Physical therapy aides	813
Hospital dietitians	1,334

War Medical History

The medical history of World War II will have been completed six months after victory in the Pacific, whereas it took ten years to complete that of the first World War and twenty-three years that of the Civil War. Thus reports Col. Albert G. Love, historian of the Army

NEW

...A more complete prophylaxis and treatment for secondary anemias

THERAPY of nutritional anemias with iron, iron and copper, liver concentrates, and Vitamin B Complex, has been advocated for many years.

All these agents now are combined in *FER-DONA* I.V.C.—*new product of choice in the prophylaxis and treatment of hypochromic and secondary anemias.*

FER-DONA employs *whole liver* substance fortified with a liver concentrate of blood-forming *Vitamin B Complex* factors.

FER-DONA contains bivalent *iron*—claimed to be clinically more effective than other forms of iron. *Copper*, too, is inherently present in FER-DONA.

FER-DONA contains pepsin which contributes to its easy digestibility. Vanillin and coumarin guarantee a pleasant flavor and odor.

A product of the International Vitamin Corporation, "The House of Vitamins," 22 East 40th Street, New York 16, New York.

The suggested daily dose of six (6) Fer-Dona capsules provides Vitamin B Complex Factors B_1 (Thiamine), B_2 (G) (Riboflavin), and PP (Niacin Amide) in the quantities recommended by the National Research Council, as well as liver fortified in hematopoietic B-Vitamins and iron.

IVC **FER-DONA**

REG. U. S. PAT. OFF

I.V.C. Capsules with Vitamin B Complex for Secondary Anemias

Medical Department. A number of commissioned officers—mostly men who hold graduate degrees in history from leading universities—are working on the administrative aspects of the medical history, including supply, personnel, training, and hospital construction. The professional medical experience of the Army will be recorded, of course, by medical officers qualified in the various specialties.

Loans to Veterans

The Veterans Administration has issued regulations to govern Federal guarantee of loans to ex-service men, including medical officers, as provided for in the G.I. Bill of Rights. The guarantee will cover 50 per cent of approved privately negotiated loans up to $4,000, with interest not to exceed 4 per cent.

The veteran will apply to a commercial lending agency, offer evidence that he will be able to repay that part of the loan for which he will become personally responsible, and fill out Governmental application blanks.

After investigating the possibilities of his project, field agents of the Reconstruction Finance Corporation or the Smaller War Plants Corporation will report on its chances for success or failure, and the guarantee will be either made or declined by the Government.

The veteran may use his loan to buy real estate or equipment (but not merchandise). If real estate is bought, the loan may run for as long as twenty years; if equipment, one year (for loans up to $500) or two years (for loans above $500).

On a loan used to buy real estate the borrower must post a regular first mortgage unless another Federal agency has advanced money against a first lien. In the latter case, the Veterans Administration will guarantee a loan up to 20 per cent (limit, $2,000) of the value of the property.

Two or more veterans, desiring to set up a partnership, may exercise individually their rights under the G.I. Law.

Hines Gets Advisers

Brig. Gen. Frank T. Hines has announced the formation of a Special Medical Advisory Group to the Administrator of Veterans' Affairs "to deal with the perplexing medical problems that are confronting the Veterans Administration in the examination and treatment of veterans of the present war." Such

[*Continued on page* 146]

two short cuts in URINALYSIS

Galatest

(DRY REAGENT FOR URINE SUGAR)

Time involved—30 seconds!

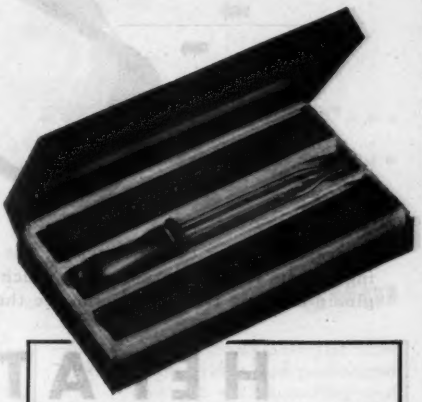
Acetone Test

(DENCO)

Time involved—one minute!

Acetone Test (Denco) and its companion product Galatest are two tests which are rapidly simplifying "routine" urinalysis in doctors' offices, hospitals, induction centers—every place where speed and accuracy are of vital importance.

Acetone Test (Denco) detects the presence or absence of acetone in urine in one minute. Color reaction is identical to that found in the violet ring tests and equally easy to differentiate. A trace of acetone turns the powder light lavender—larger amounts to dark purple. Acetone Test (Denco) is available in vials containing enough powder for over 125 complete tests, also in combination kits with Galatest.



A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. The handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses.

THE SAME SIMPLE TECHNIQUE FOR BOTH TESTS!

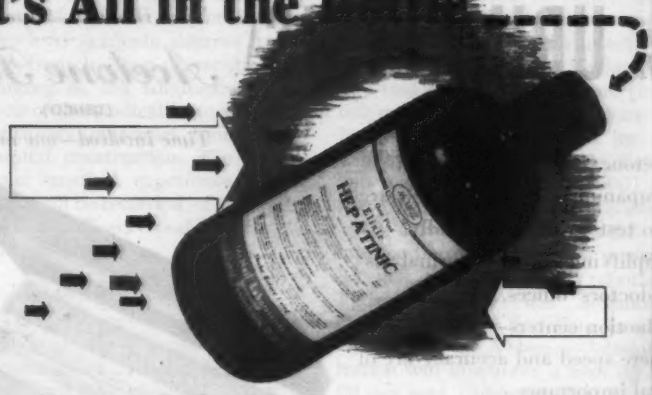
1. A little powder **2. A little urine** *Color reaction immediately*

Accepted for advertising in the Journal of the American Medical Association

Write for descriptive literature to

THE DENVER CHEMICAL MFG. COMPANY, 163 Varick St., N. Y. 13, N. Y.

It's All in the Bottle



In preparing liver concentrates for use as hematinics, all too often refining defeats its own purpose. Too much refining removes valuable hemoglobin-building fractions which are then discarded—down the drain.

HEPATINIC

'McNEIL'

—when employed in the management of secondary anemias—gives assurance that the *full* therapeutic value of liver concentrate is present. The liver concentrate incorporated in palatable Elixir Hepatinic is in a crude, unfractionated form, thereby supplying certain hemoglobin-building substrates not available where liver is concentrated by excessive refining.

You will be pleased with this significant feature of Elixir Hepatinic as shown by the formula:

Each fluidounce contains: Ferrous Sulfate 12 gr., Crude Liver Concentrate (equivalent to 660 gr. fresh liver) 60 gr., Thiamine Hydrochloride 2 mg., Riboflavin 4 mg., Niacinamide 20 mg., together with Pyridoxine, Pantothenic acid, Choline and other factors of the vitamin B complex.

Elixir Hepatinic is supplied in bottles of one pint.

McNeil Laboratories
INCORPORATED
PHILADELPHIA • PENNSYLVANIA

raw weather... raw throats...

Much of the discomfort of sore throat is relieved—pleasantly, promptly and effectively—by the use of

Dillard's Aspergum

—which brings acetylsalicylic acid into immediate and prolonged contact with tonsillar and pharnygeal areas, including those seldom reached, even intermittently, by gargling or irrigations.

Aspergum is most palatable, is readily accepted by all, including children. Its value in post-tonsillectomy care has, of course, been established for years.

Ethically promoted—not advertised to the laity. In packages of 16; moisture-proof bottles of 36 and 250 tablets. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

problems, he said, "will be mainly those involved in the procurement and training of highly qualified professional and subprofessional personnel; the assaying of research work in war medicine and its incorporation in the clinical practices of veterans' hospitals; and determination of the extent of teaching and research facilities."

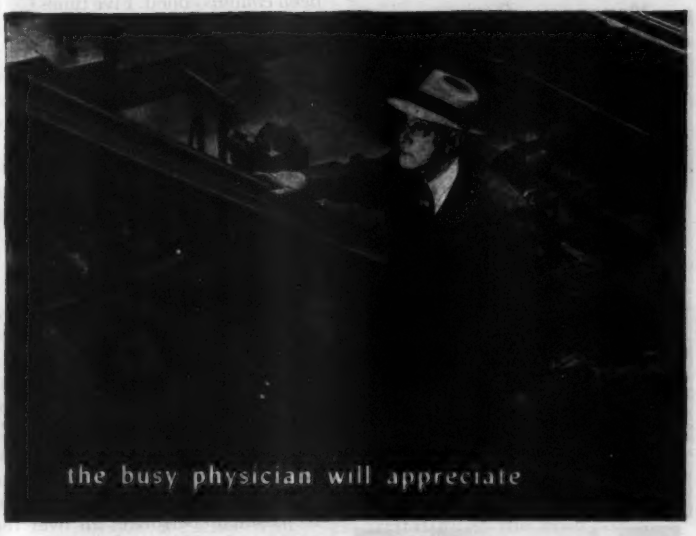
The group will be composed of "fifteen of the leading medical authorities of the country."

Osteopaths Barred

Charging Federal discrimination against osteopaths, Chester D. Swope, D.O., of the American Osteopathic Association, recently told the Pepper Committee that "The Office of Rehabilitation in the Federal Security Agency, in its program for the physical restoration of persons disabled in war industry, allocates Federal funds to the states under conditions which permit the use of doctors of medicine in all states, but debar the use of osteopathic physicians and surgeons in most of the states. It is a dilution of the effectiveness of the over-all program."

Turning to disabled veteran care, the spokesman asserted that the Disabled American Veterans of the World War had passed resolutions requesting the Veterans' Administration to furnish osteopathic service to disabled veterans. "But the Administrator refuses to accede because of claims that his medical director declines to be responsible for treatment rendered by others than doctors of medicine."

The doctor testified that "Three times, the last in June 1944, Congress specifically provided for the commissioning of osteopathic gradu-



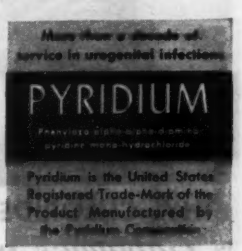
these important advantages of

PYRIDIUM

- Prompt, gratifying relief of distressing urinary symptoms
- Ease and convenience of administration
- Safety—lack of toxicity

Increasing numbers of busy physicians are finding Pyridium to be a thoroughly dependable chemotherapeutic agent upon which they may rely for prompt, gratifying relief of the distressing symptoms encountered in cystitis, prostatitis, pyelonephritis, and urethritis.

Clinical experience extending over more than a decade, as reported in the published literature on Pyridium, testifies to its prompt and effective action and its freedom from narcotic or irritant effects.



MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

ates as medical officers in the Navy. Yet no osteopathic applicant has been commissioned. Five times Congress provided for the appointment of osteopathic graduates as internes in Army hospitals, leading to commissions as medical officers in the Army. But none have been appointed.

"Instead, osteopathic applicants have been inducted and assigned to tasks making no use of their professional services."

Microfilmed Journals

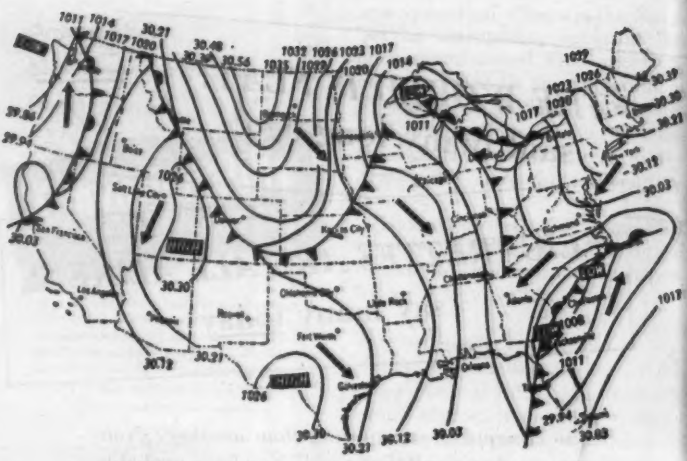
The microfilming service of the Army Medical Library has recently been filming forty-four medical journals each month and transporting the rolls to every theater of operations for the use of medical officers. Sent by air mail, military intelligence, or diplomatic pouch, the rolls are in the hands of Medical Department personnel all over the world within fifteen days. The process saves approximately 95 per cent of shipping space, since one 100-roll of film holds 1,300 pages, or from twelve to fourteen journals.

Surpluses to Service Men

Postwar dental surpluses should go to dentists who served in the war.

That was the essence of a resolution introduced at the recent meeting of the American Dental Association in Chicago. The resolution (which the convention passed on to the ADA board of trustees) urged the Government to make surpluses available "at reasonable cost" to demobilized dentists, the method of disposal, price scale, and distribution to be worked out by a joint committee to be composed of mem-

[*Continued on page* 152]



'Alka-Zane' weather...

Weather maps and your jangling telephone denote the season of increasing incidence of diseases requiring sulfonamide therapy ... and 'ALKA-ZANE'* Alkaline Effervescent Compound. Given in water as a refreshing drink, 'ALKA-ZANE' Effervescent Compound provides the two primary safeguards now known to be essential in avoiding sulfa drug crystalluria and its renal complications: (1) Elevation of urinary pH, thereby increasing the solubility of sulfonamides and their conjugates to help prevent their precipitation in the urinary tract. (2) Increased fluid intake and urinary output—to minimize further the possibility of crystalluria.

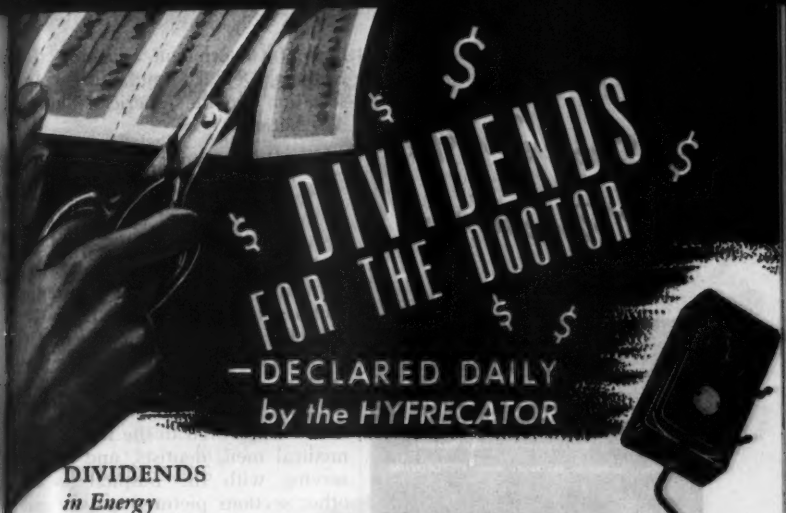
*Trademark Reg. U. S. Pat. Off.

'ALKA-ZANE'

ALKALINE EFFERVESCENT COMPOUND

supplies balanced quantities of calcium glycerophosphate, calcium phosphate, potassium bicarbonate, sodium bicarbonate and sodium citrate.

WILLIAM R. WARNER & CO., INC., 113 W. 18th St., New York 11, N. Y.



DIVIDENDS

in Energy
to care for more patients, because it operates so easily.

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bers of Government agencies, the National Dental Manufacturers Association and the American Dental Association."

Letter from Home

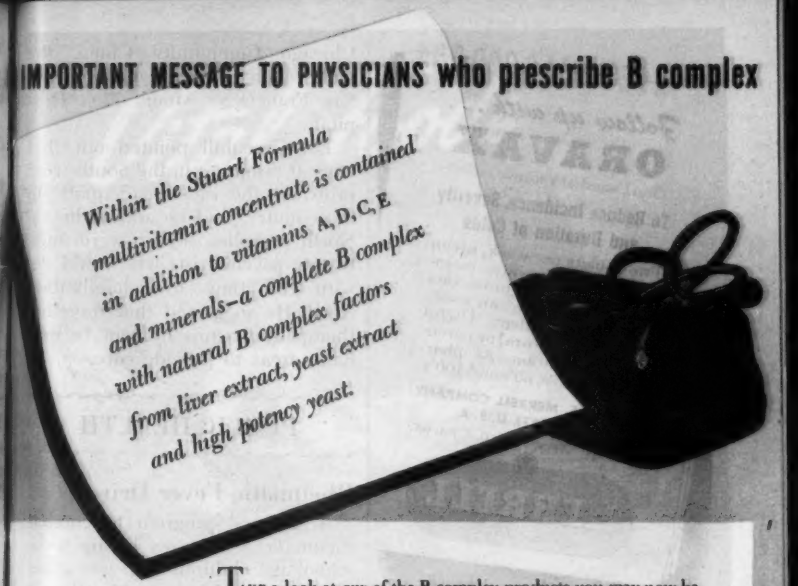
Physicians and other personnel of the 20th General Hospital, U.S. Army, serving in India, were given a glimpse of the folks at home last Christmas via a nine-reel motion picture film made by Dr. Louis H. Twyeffort, instructor in psychiatry at the Medical School, University of Pennsylvania, where the 20th Hospital was organized. Part of the film was devoted to the families of medical men, dentists, and others serving with the hospital, while other sections pictured places and people well known to the university's medical personnel.

N.p. Facilities

Rural areas, to which many of an estimated 2,000,000 veterans suffering from neuropsychiatric disabilities will return, have utterly inadequate facilities for their care, recently charged Drs. Maurice Greenhill and Hans Lowenbach of the psychiatric department, Duke University. The problem is made even more acute, they told the Association for Research in Nervous and Mental Disease, because "there are, in addition, 1,250,000 men who have been rejected by Selective Service because of mental handicaps; service men's families in need of guidance; and civilians who will have difficulty in adjusting themselves from wartime to peacetime conditions."

Only four clinics are devoted exclusively to the psychiatric care of veterans, the physicians added: those at New York Hospital, the

IMPORTANT MESSAGE TO PHYSICIANS who prescribe B complex



TAKE a look at *any* of the B complex products you may now be prescribing and compare them with the Stuart Formula for unitage and price. You will find that your patients will get, in addition to vitamins A, D, C, E and iron, manganese and iodine, a greater B complex unitage at a lower cost in the Stuart Formula than in products containing B complex alone. For that matter, compare the Stuart Formula with *any* ethical multivitamin product for potency, balance and cost.

Two tablets (daily dose) standardized to contain:

B COMPLEX WITHIN STUART FORMULA	
B_1 (thiamin chloride)	3.75 milligrams (1,250 USP units)
B_2 (riboflavin; grain extract—corn)	3 milligrams (3,000 micrograms)
PP (niacin and niacin amide)	25 milligrams (25,000 micrograms)
B_6 (pyridoxin)	200 micrograms
Calcium Pantothenate	500 micrograms

OTHER VITAMINS IN STUART FORMULA	
A (fish liver oil, purified esters)	5,000 USP units
D (activated ergosterol)	800 USP units
C (ascorbic acid)	75 milligrams (1,500 USP units)
E (natural tocopherol)	1 milligram
PLUS MINERALS	
Iron (ferrous sulphate)	15 milligrams
Manganese (manganese sulphate)	7.5 milligrams
Iodine (potassium iodide)	0.15 milligram

Also other members of the B complex from natural sources—*high potency yeast, grain concentrate, yeast extract and liver extract—including Biotin* (1.5 *micrograms*), *Folic Acid* (2.5 *micrograms*).

NOTE: The Stuart Formula either meets or exceeds all potency requirements for all vitamins as recommended by THE NATIONAL RESEARCH COUNCIL . . . including Natural B complex factors and minerals.

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Chicago Community Clinic, the Duke Rehabilitation Clinic, and San Francisco's Mount Zion Hospital.

Dr. Greenhill pointed out that clinical resources in the South were probably the most inadequate in the country, and he added that in North Carolina there were only twenty psychiatrists who could devote full time to rehabilitation work. He suggested that traveling therapeutic teams be sent to outlying areas to provide care.

PUBLIC HEALTH

Rheumatic Fever Drive

A national program to combat rheumatic fever, now killing more school-age children than any other disease, was forecast recently by Dr. Betty Huse, assistant director of the crippled children's program of the Children's Bureau. Dr. Huse said that although efforts to fight the disease in nineteen states have been inadequate—"barely a drop in the bucket"—the work has provided enough experience to make possible a national campaign.

Congress appropriated funds five years ago to assist states in providing hospital treatment for children suffering from disabling diseases. Each state, said Dr. Huse, was limited in its approach to the problem of rheumatic fever because the disease involved hospitalization, extensive laboratory tests, etc. "Today," she said, "only 240 of the 3,082 counties have some services available for children with rheumatic fever. But school surveys indicate that half a million children have rheumatic fever. Among chil-

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When you buy food and drug products look for this seal to make certain they contain a full quota of Vitamin D, "the Sunshine Vitamin." Every product bearing the seal is rigorously tested in the Foundation laboratories at regular intervals to make certain it has full potency to help bring health and well-being to your family.

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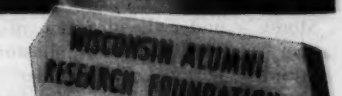

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dren from 5 to 14 in 1942, 1,610 deaths were caused by the fever, against 1,441 by pneumonia and 1,112 by tuberculosis."

Windfall for Crippled

A ten-million dollar bequest, the gift of the late Milo M. Belding, silk manufacturer, goes to the Association for the Aid of Crippled Children, New York, which as late as 1943 spent less than $100,000 annually. No specific plans had been made a month ago to utilize the bequest, but considerable expansion of work among mentally normal, orthopedically handicapped children in the metropolitan area was anticipated.

Cancer Campaign

The $5,000,000 educational campaign of the American Society for the Control of Cancer will get under way in April (designated by Congress as "Cancer Control Month") under the direction of a board of which Eric Johnston, president of the U.S. Chamber of Commerce, is chairman. Members include representatives of labor, business, the press, and Congress.

"With such an organization," remarks the New York Times, "the society's state units of 300,000 women volunteers and thousands of men should be able to reach the multitude. Labor should play a conspicuous part in bringing home the facts about the recognition of early cancer and the cures that can be effected by prompt eradication. With unions enlisted, the fight can be waged more effectively than by the devoted band of welfare workers who have to rely on their own eloquence and ingenuity."

Bridge House

Bridge House, New York City's clublike new clinic for chronic alcoholics, was opened a month ago with little fanfare. In fact, Mayor F. H. LaGuardia warned newspapermen that he would "close this place up Monday if any newspaper publishes its address."

The project is another step in the career of Edward J. McGoldrick, a lawyer and self-reclaimed alcoholic, who has been devoting his efforts to the rehabilitation of chronic drinkers who have a sincere desire to redeem themselves.

His Bridge House is non-institutional and non-medical in character. A three-story building acquired by the city at a tax sale, its first floor consists of offices, kitchen, dining

[*Continued on page* 160]

Rainbow in the Sky

To many a patient bedeviled by hypertension's distressing symptoms, the administration of ALLIMIN is as heartening as a "rainbow in the sky." In more than 80% of cases, ALLIMIN produces a gradual yet sustained lowering of systolic and diastolic pressure, and, in nearly 100% of cases, alleviates the associated symptoms —headache, tinnitus and dizziness.

ALLIMIN'S principal ingredient, Allium sativum, has won the recognition of the medical profession as an effective, *safe* hypotensive suitable for *long-continued* use.

Since prolonged treatment is generally required in hypertension, it is important to know that ALLIMIN is free from toxic or otherwise deleterious drugs, causes no undesired side-effects or harmful after-effects, has no incompatibles and no contraindications.

ALLIMIN Tablets are enteric coated, tasteless and odorless. Each tablet contains 4.75 gr. dehydrated garlic concentrate and 2.37 gr. dehydrated parsley concentrate. The minimal dose is 2 tablets with water after meals, t.i.d. Intermittent courses of administration, skipping every fourth day, recommended.

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(FLINT)

Intensive calcium medication in a highly palatable form, acceptable to all types of patient, is available in the sparkling, effervescent drink provided by Calcium Gluconate Effervescent (Flint).

In this pleasant form it is suited to administration wherever there is need for prolonged calcium intake—as in pregnancy, lactation, convalescence, rickets.

CALCIUM GLUCONATE EFFERVESCENT (FLINT)
offering 48-52% calcium gluconate, dissolves quickly.

Each gram contains calcium gluconate U.S.P. 0.5 Gm., citric acid 0.25 Gm. and sodium bicarbonate 0.25 Gm. Council-accepted—protected by U.S. Patent No. 1983954.

FLINT, EATON & COMPANY
DECATUR • ILLINOIS

room, and reception room, all cheerfully furnished. Upstairs are individual bedrooms and large dormitories.

The city will provide food and care for men living in the house. But few will reside there—(only those in the first stages of care.) Mr. McGoldrick will endeavor to find suitable environment elsewhere for men who do not now have it. He plans to use Bridge House principally as a meeting place for the 175 persons now under his treatment, which has been called a "mental diet" for the non-derelict type of chronic alcoholic.

National Fitness

Last month the Joint Committee on Physical Fitness did these things:

¶ Formed an executive committee composed of Maj. Gen. George F. Lull, Dr. Morris Fishbein, Dr. Frank S. Lloyd, Dr. Hiram A. Jones, and Col. Leonard G. Rowntree, chairman.

¶ Arranged membership of the American Pharmaceutical Association as a "medical affiliate." (This will add the support of more than 50,000 U.S. pharmacies in public relations work.)

¶ Also welcomed into the "medical affiliates" section representatives of dentistry, otology, pediatrics.

¶ Announced that more than forty states have signified willingness to cooperate fully in the physical fitness program, and that some of them have already formed working committees.

Fluorine

Beef-bone flour, rich in fluorine, has been observed to reduce the incidence of dental decay, reports Dr. Simon G. Harootian, chief of

the dental staff, Worcester (Mass.) State Hospital. One study, begun several years ago, involved the feeding of five grains of bone flour three times a day to nine institutional patients over a period of eight months as a supplement to ordinary diet. Only one tooth cavity developed during the experimental period, and pre-existing caries remained static.

Later the study was increased to include 100 control cases. Thirteen who did not receive bone flour over a period of eight months developed an average of 3⅛ decay areas each. In the next eight months, with the supplemental bone flour in their diet, the same subjects showed an average cavity increase of 0.8 per cent, and in the last half of the period the caries increase was zero.

Although fluorine appears to increase the resistance of tooth enamel to decay-producing bacteria, adds Dr. Harootian, there is a possibility "that an optimal concentration of several factors in the bone material may be the most significant feature, rather than the fluoride alone."

Genito-Plastic Surgery

The surgical technique involved in the reconstruction of male genital organs destroyed in battle has been described by Dr. A. P. Frumkin in the American Review of Soviet Medicine. Reconstruction of the external genitals begins with the formation of an abdominal skin tube, into which rib cartilage is inserted. "An organ is reconstructed," says the surgeon, "which not only corrects the cosmetic defect but assumes the normal sexual function as well."

Front line fluoroscopy

IT'S a fast war—a mobile war. But radiography keeps pace—follows the battle everywhere. Result—fatalities are fewer.

Today, portable x-ray units, even when delivered by parachute, can be set up in a matter of minutes. Rushed wherever needed, they meet emergencies—enabling field hospitals to handle peak loads beyond the capacity of regular equipment, and providing the benefits of radiography where it would otherwise be unavailable.

Front line fluoroscopy, aided by special locating devices, is enabling surgeons in the field to find imbedded foreign bodies quickly, accurately, and without the shock of probing. Thus the wounded are given a better chance for rapid, complete recovery—and many that might have died are saved.

For over a quarter century, Patterson Fluoroscopic Screens have been the standard of the medical profession—noted for uniformity, brilliance, high contrast and visibility of detail. Although military needs come first, Patterson Type B Fluoroscopic Screens continue to be available for civilian needs.

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ADVANTAGES: (1) Antibacterial efficacy, not inhibited by purulent exudate. (2) Gratifying local analgesia. (3) Early remission of discharge and odor in acute and chronic otorrhea.

FORMULA:	W/V
Sulfanilamide	5%
Urea (Carbamide)	10%
Chlorobutanol	3%
Glycerin (high Sp. gr.)	q.s.

Effectively antibacterial, analgesic, hypertonic, yet non-irritating, White's Otomide provides in a stable solution the established clinical advantages of carbamide-sulfonamide.[1,2,3] Carbamide (urea) alone has been successfully used in acute and chronic middle ear disease.[4,5,6] Its association with sulfonamide enhances antibacterial activity, inhibits sulfonamide antagonists in purulent exudates.

INDICATIONS: Local prevention and treatment of the usual bacterial infections of the middle ear and external auditory canal.

White's Otomide is supplied in dropper bottles of one-half fluid ounce (15cc.)—on prescription only. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

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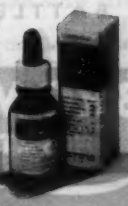

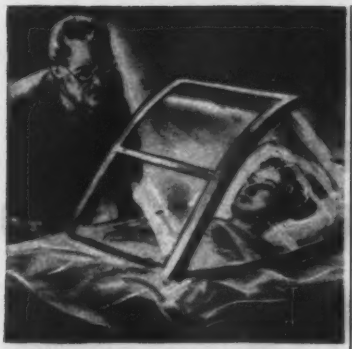

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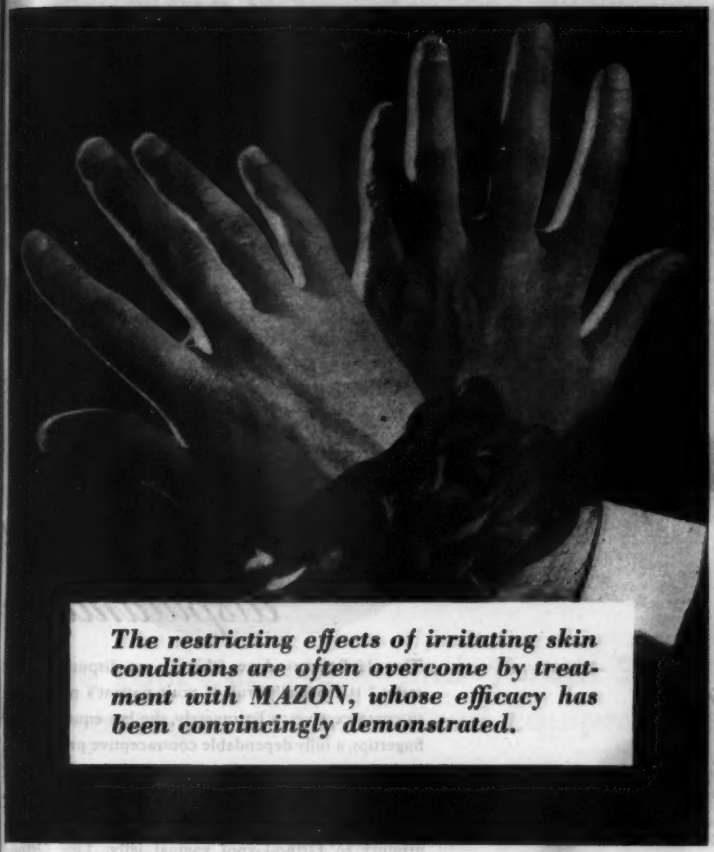

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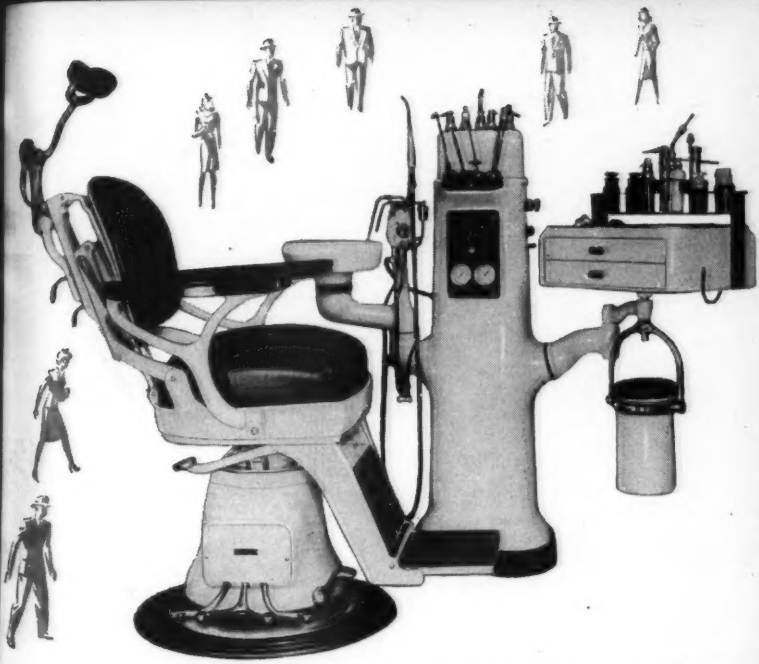

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